



45 Days notice Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations



Government of the District of Columbia
Department of Health
Health Care Regulation & Licensing Administration
Food Safety & Hygiene Inspections Services Division
51 N Street, NE, Washington, DC 20002
(202) 535-2180

	CRITICAL	NON CRITICAL
No. of Violations	0	2
No. of Repeat Violations	-	-
COS Score (optional)	-	0

Page 1 of 2
Date 2/13/2007
Time In 9:45AM
Time Out 10:22AM

Establishment Name
Tyler Elementary School
Address 612 10th Street SE
Washington, DC 20003
Telephone 202-698-3587

License Holder
Not Available
License/Customer No. _____
Certified Food Manager
Bernette Brown
Certified Food Manager Identification Card No.
27939 exp. 9/29/2009
ID Card Available Yes No

Type of Inspection:
 Preoperational
 Follow-up
 Complaint generated
 Routine
 HACCP
 Other

Establishment Type:
 Food Service 112A
 Food Market
 Wholesaler/ Food Processor

Risk Category:
 High
 Medium
 Low

CRITICAL ITEMS * (RISK FACTORS AND INTERVENTIONS)

The letter to the left of each item indicates that item's status at the inspection.

In Compliance	Demonstration of Knowledge	COS	R
(Y) N	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
(Y) N	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
(Y) N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
(Y) N <u>N/A</u>	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
Y N <u>N/O</u> <u>N/A</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u> <u>N/A</u>	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u> <u>N/A</u>	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u> <u>N/A</u>	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
Y N <u>N/A</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
(Y) N <u>N/O</u> <u>N/A</u>	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical, Poisonous or Toxic Materials		
(Y) N <u>N/A</u>	26. Additives / approved, unapproved	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
Y N <u>N/A</u>	28. Compliance with variance and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

R = repeat violation Y = yes, in compliance N = no, not in compliance
COS = corrected on-site N/O = not observed N/A = not applicable

*** VIOLATION OF SIX (6) OR MORE CRITICAL ITEMS THAT CANNOT BE CORRECTED ON SITE DURING THE COURSE OF THE INSPECTION RESULTS IN AUTOMATIC SUSPENSION & CLOSURE OF FOOD ESTABLISHMENT**

ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot Water	120°F	Minced Carrots	39°F	Orange Juice	44°F		
Refrigerator	31°F	Milk	40°F				
Refrigerator	40°F	Cheeseburgers	38°F				

NONCRITICAL ITEMS
GOOD RETAIL PRACTICES

	COS	R		COS	R		COS	R		
<input type="checkbox"/> Food and non-food contact surfaces - Constructed, cleanable, usage <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food cooking <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liquid waste disposal <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unnecessary exposure of utility lines <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse disposal <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized processing methods <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment for temperature control <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils/ in-use <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal cleanliness <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Food labeled/ condition <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths <i>Yes</i>	<input type="checkbox"/>	<input type="checkbox"/>				

OBSERVATIONS	CORRECTIVE ACTIONS
Non-Critical Items	45 DAYS to correct
No temperature logs recorded; equipment allegedly was not working since 1/4/2007	Maintain an up to date temperature log. Use regular thermometers to record temperatures if electronic thermometers become inoperable
Blown light bulbs in ceiling	25 DCMR 2908: Replace the blown light bulbs
Note: Kitchen manager said she was told that bathroom door has asbestos in it.	
If you have any questions, please contact Mr. Ronnie Taylor, Area Supervisor, at 202-535-2183	

Bernette Brown (Signature) Person-in-Charge (Signature) (Print) Bernette Brown Date 12/13/07
 Ivory Gene Cooper (Signature) Inspector (Signature) (Print) Ivory Gene Cooper Badge # 650 Date 2/13/2007

FOOD ESTABLISHMENT INSPECTION REPORT

Address 1001 G ST SE Date 7/25/05

Name of Licensee Food Service Branch Officer of Firm _____

Trading as Tyler ES Inspect. Time _____ Customer # 50005605

Food Service Retail Store Other Sanitation Rating 90% Number of Samples Collected 0

112A EX: 4/10/05 **NOTICE TO ESTABLISHMENT** reinspect

This inspection was conducted to determine compliance with District Regulations.
Effective action must be taken this date to correct all underlined deficiencies having a demerit value of 6. Other underlined deficiencies must be corrected as indicated under "Remarks". Failure to make the indicated correction within the specified time may result in court proceedings being initiated for the enforcement thereof.

A. STRUCTURE	
1. Floors: <u>clean</u> - easily cleanable - in good repair - properly drained	<u>2</u>
2. Walls, ceiling and overhead: Clean - easily cleanable - no scaling paint - in good repair	2
3. Lighting: adequate for operation	<u>2</u>
4. Ventilation: rooms reasonably free from odors, condensation, smoke, etc.	2
5. Toilets/dressing rooms: clean - convenient - adequate - properly constructed and ventilated	2
6. Handwashing facilities: adequate - property located - soap and towels	6
7. Plumbing: potable water supply - sufficient hot and cold running water no back siphonage or cross connections - no overhead waste lines in critical areas	6
DEMERITS A	
<u>4</u>	

B. EQUIPMENT	
1. Installation: equipment location permits easy access to and cleaning of equipment and adjacent surfaces or properly sealed to adjacent surfaces	2
2. Refrigerated and hot food holding equipment: adequate - capable of maintaining proper food temperature - in good repair - provision for separation of raw and finished products	6
3. Food Contact surfaces of equipment and multi-use eating and cooking utensils: constructed of suitable material - free of cracks, crevices, chips, rust or paint - equipment easily disassembled and readily cleanable - clean and sanitized before each use - proper facilities and material available for cleaning and sanitizing	6
4. Non-food Contact surfaces: proper construction - clean - in good repair - suitable facilities and materials available for cleaning	6
5. Cooking units, hoods and filters: clean - in good repair	2
DEMERITS B	
<u>0</u>	

C. MEAT and MEAT PRODUCTS, INGREDIENTS, ICE, OTHER FOODS	
1. (a) Source: approved	6
(b) Trichinae treatment for appropriate product containing pork muscle tissue	
2. Condition: sound - clean - unadulterated - only authorized food additives used	6
3. Labeling: proper - no false or misleading statements - products accurately described - accurate net weights	4
4. Temperature of potentially hazardous food: 45° F or less of 140°F or more - frozen foods at 0°F or below	6
DEMERITS C	
<u>0</u>	

D. PERSONNEL	
1. Outer garments: appropriate and washable - clean - proper hair restraints	2
2. Good apparent health	6
3. Hygienic practices: (a) good personal hygiene - hand washed and clean - proper and minimal personal contact with food and food contact surfaces (b) Certified Food Supervisor	6
DEMERITS D	
<u>0</u>	

E. GENERAL	
1. Premises: <u>no rodent harborage</u> - effective vermin control - only permitted pesticides used and properly stored - premises free of trash and litter - no birds or unauthorized animals - facilities and materials available for cleaning	<u>6</u>
2. General storage: storage areas clean, adequate and properly utilized - food product ingredients, utensils and single service items protected from contamination - soiled linens and clean linens separated - contents of containers properly identified - poisonous materials properly labeled, handled and stored	6
3. Operating methods: food protected during display, packaging, processing and transportation - containers and wrappings sanitary - proper sequence of operations	6
4. Waste containers: property constructed and used - clean	2
DEMERITS E	
<u>0</u>	

TOTAL DEMERITS 10

REMARKS
A1 - Clean floors until free of mice droppings as cited 7/12/05.
A3 - Replace light in walk-in freezer unit.
E1 - Provide ~~an~~ effective exterminator as cited 7/12/05.

INSPECTED BY [Signature] RECEIVED BY [Signature]

