

Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations

Environmental Health Administration
 Bureau of Community Hygiene
 Food Protection Division
 51 N Street, N.E. Washington, DC 20002
 (202) 535-2180

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

Page 1 of 2
 Date 1/08/07
 Time In _____
 Time Out _____

Establishment Name Webb Elem Sch
 Address 1375 Mt. Olivet Rd
NEWARK DC 20002
 Telephone 2/724-4103

License Holder DC Public School
 License/Customer No. 50009011
 Certified Food Manager Verdina Lea
 Certified Food Manager Identification Card No. 10507 10/07
 ID Card Available Yes No

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

Establishment Type:
 Food Service Wholesaler/ Food Processor
 Food Market

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.

		Demonstration of Knowledge		Potentially Hazardous Food Time / Temperature	
		COS	R		
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
1. Correct response to questions				17. Proper cooking, time and temperature	
Employee Health				Y	N
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
2. Exclusion, restriction and reporting				Y	N
Good Hygienic Practices				Y	N
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
3. Eating, tasting, drinking, or tobacco use				Y	N
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
4. Discharge from eyes, nose, or mouth				Y	N
Control of Hands as a Vehicle of Contamination				Y	N
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
5. Clean hands, properly washed				Y	N
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
6. Bare hand contact with ready-to-eat foods				24. Consumer advisory for raw or undercooked food	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Populations	
7. Handwashing facilities				Y	N
Approved Source				Y	N
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	25. Pasteurized foods used, avoidance of prohibited foods	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Chemical, Poisonous or Toxic Materials	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
8. Food obtained from approved source				26. Additives / approved, unapproved	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	27. Toxic substances properly identified, stored, used	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
9. Receiving temperature / condition				28. Compliance with variance and HACCP plan	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	Y	N
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	10. Records: shellstock tags, parasite destruction, required HACCP plan	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	11. Food segregated, separated and protected	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	12. Food contact surfaces clean and sanitized	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	13. Warewashing, sanitization, frequency, methods	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	14. Returned / reservice of food	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	15. Discarding / reconditioning unsafe food	
Y	N	<input type="checkbox"/>	<input type="checkbox"/>	16. Controlling pests	

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

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Pursuant to Title 25 of the District of Columbia Municipal Regulations



DISTRICT OF COLUMBIA
 DEPARTMENT OF HEALTH
 Environmental Health Administration
 Bureau of Community Hygiene

Food Protection Division
 51 N Street, N.E. Washington, DC 20002
 (202) 535-2180

	CRITICAL	NON CRITICAL
No. of Violations	—	1
No. of Repeat Violations	—	—
Score (optional)	—	—

Page 1 of 2
 Date 11/21/06
 Time In _____
 Time Out _____

Establishment Name Webb Elem Sch
 Address 1375 Mt Olivet Rd
NE WASH DC
20002
 Telephone 202-444-4403

License Holder DC Public School
 License/Customer No. 5000 SB11
 Certified Food Manager Veronica Lee
 Certified Food Manager Identification Card No. 10527 10/07
 ID Card Available Yes No

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

Establishment Type:
 Food Service
 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
N	1. Correct responses to questions	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health			
N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
N	3. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
N	4. No discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
N	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
N	6. Proper bare hand contact w/ ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
N	7. Handwashing facilities available	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
N	9. Proper condition/ temperature upon receiving	<input type="checkbox"/>	<input type="checkbox"/>
N	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
N	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
N	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
N	13. Warewashing, sanitization, frequency, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
N	14. Proper return / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
N	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
N	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

IN COMPLIANCE	Potentially Hazardous Food Time / Temperature	COS	R
N	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
N	18. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
N	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
N	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
N	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
N	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
N	23. Proper time as a public health control (procedures / records available)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
N	24. Consumer advisory for raw or undercooked food provided	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
N	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
Chemical, Poisonous or Toxic Materials			
N	26. Only approved additives used	<input type="checkbox"/>	<input type="checkbox"/>
N	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
N	28. Compliance with variance and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

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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°						
Freezer	0°						
White in Box	40°						

