



# 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	0
No. of Repeat Violations	—	—
Score (optional)	—	—

Page 1 of 2  
Date 3/12/2007  
Time In 10:02 AM  
Time Out 10:28 AM

Establishment Name  
Whittier Elementary School  
Address 605 Sheridan Street, NW  
Washington, DC 20011  
Telephone 202-541-6445

License Holder  
Food Service Branch  
License/Customer No.  
00000XXX-50005614 exp 4/30/2008  
Certified Food Manager  
Charlene Robinson  
Certified Food Manager Identification Card No.  
24034 exp 5/26/2009  
ID Card Available Yes  No

Type of Inspection:  
 Preoperational  
 Follow-up  
 Complaint generated  
 Routine  
 HACCP  
 Other  
Establishment Type:  
 Food Service 112A  Wholesaler/Food  
 Food Market  Processor  
Risk Category: Public Sch. Cafeteria  
 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	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>			
Y	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
Y	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
Y	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Y	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y	7. Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			
Y	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
Y	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>			
Y	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
Y	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
Y	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
Y	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
Y	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
Y	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consumer Advisory</b>			
Y	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
Y	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical, Poisonous or Toxic Materials</b>			
Y	26. Additives / approved, unapproved	<input type="checkbox"/>	<input type="checkbox"/>
Y	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
<b>Conformance with Approved Procedures</b>			
Y	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	110°F	Corn (Delivery)	39°F	Milk (Delivery)	42°F	Chocolate Milk	42°F
Freezer	16°F	Pear Cup (Delivery)	33°F				
Refrigerator	41°F	Pineapple Cup (Delivery)	37°F				

Orange Juice (Delivery) 35°F

## NONCRITICAL ITEMS GOOD RETAIL PRACTICES

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

### OBSERVATIONS

### CORRECTIVE ACTIONS

Temperature logs up -- to -- date

Area Supervisor: Mr. Ronnie Taylor  
202-535-2183

*Charlene Polster*

Charlene Polster

3-10-07

Person-in-Charge (Signature)

(Print)

Date

*Ivory Gene Cooper*

(Print)

Ivory Gene Cooper

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Date

3/12/2007



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	CRITICAL	NON CRITICAL
No. of Violations	0	1
No. of Repeat Violations		1
Score (optional)		

Page 1 of 2  
Date 01-05-07  
Time In \_\_\_\_\_  
Time Out \_\_\_\_\_

Establishment Name: Whitter ES (DCPS)  
 License Holder: Food Service Branch  
 License/Customer No.: 50005614  
 Address: 6201 Sheridan St NW  
DC  
 Certified Food Manager: Charlene Robinson  
 Certified Food Manager Identification Card No.: 04734  
5/24/09  
 Telephone: 2/541 6445  
 ID Card Available: Yes  No

Type of Inspection:  
 Preoperational  
 Follow-up  
 Complaint generated  
 Routine  
 HACCP  
 Other  
 Establishment Type: 112a  
 Food Service  
 Food Market  
 Wholesaler/ Food Processor  
 Processor  
 Risk Category:  
 High  
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### ADDITIONAL COMMENTS

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Hot water faucet not repaired at all (restroom)							
Hot water hot mop sink = 110°F (4)							

