

45 Days Notices

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	4
No. of Repeat Violations	-	-
COS Score (optional)	-	0

Page 1 of 2
 Date 3/9/2007
 Time In 11:30 AM
 Time Out 12:02 PM

Establishment Name: Slowe Elementary School
 Address: 1400 Jackson Street, NE
Washington, DC 20018
 Telephone: 202-~~856~~-8652
576

License Holder: Food Service Branch
 License/Customer No.: 00000XXXX-5000528 exp. 4/30/2008
 Certified Food Manager: Brenda P. Holloman
 Certified Food Manager Identification Card No.: ~~17071~~ exp. 5/14/2007
 ID Card Available: Yes No

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

Establishment Type:
 Food Service N/A
 Food Market
 Wholesaler/ Food 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) 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 <u>N/O</u>	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 <u>N/O</u>	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	110°F	MILK	37°F	Apple sauce Cup	31°F	Peach Cup	33°F
Freezer	6°F	Chocolate Milk	38°F	Egg Burrito	34°F		
Refrigerator	38°F	Apple Cranberry Juice	36°F	Refrigerator	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 <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>1</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>No</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

Blown lights in ceiling and under ventilation hood

Vent missing under ventilation hood

Missing ceiling light fixture cover

Temperature logs not up-to-date (last entries 3/6/2007)

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

45 DAYS to correct

25DCMR 2908 Replace the blown lights

25 DCMR 2909 Replace the missing vent

25 DCMR 3200 Replace the fixture cover

Maintain up-to-date temperature logs

Person-in-Charge (Signature) *Brenda Holloman* (Print) *Brenda Holloman* Date *3-9-07*

Inspector (Signature) *Ivory Gene Cooper* (Print) *Ivory Gene Cooper* Badge # *650* Date *3/9/2007*

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

Page 1 of 1
 Date 10/25/08
 Time In _____
 Time Out _____

Establishment Name Stowe ES
 Address 3108 14th St NE, Wash DC 20018
 Telephone 202 576-8652

License Holder Dr. Public Schahs
 License/Customer No. 52005588 4/30/08
 Certified Food Manager Bleedt P Holloway
 Certified Food Manager Identification Card No. 5/14/07
 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:
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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 responses 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. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y N	4. No 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. Proper bare hand contact w / ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N	7. Handwashing facilities available	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
Y N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y N	9. Proper condition/ temperature upon receiving	<input type="checkbox"/>	<input type="checkbox"/>
Y N	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
Y N N/A	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/A	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"/>
Y N	14. Proper return / 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
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Y N N/O N/A	18. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	23. Proper time as a public health control (procedures / records available)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
Y N N/A	24. Consumer advisory for raw or undercooked food provided	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
Y N N/O N/A	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical, Poisonous or Toxic Materials		
Y N N/A	26. Only approved additives used	<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 N/A	28. Compliance with variance and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

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ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
WALK IN BOX	35						

