



# 5 & 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	2	1
No. of Repeat Violations	-	-
COS Score (optional)	0	0

Page 1 of 2  
Date 2/21/2007  
Time In 11:35AM  
Time Out 11:49AM

Establishment Name  
Brookland Elementary School  
Address 1100 Michigan Avenue, NE  
Washington, DC 20015  
Telephone 202-576-7890

License Holder  
Food Services Branch  
License/Customer No.  
0000XXXX-50005494 exp. 4/30/2008  
Certified Food Manager  
Keenan G. Smith  
Certified Food Manager Identification Card No.  
Thomson Parametric Exam 4/12/2006  
ID Card Available Yes  No

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

Establishment Type:  
 Food Service 12A  
 Food Market  
 Wholesaler/ Food Processor  
 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"/>
	<b>Employee Health</b>		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
(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"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
(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"/>
	<b>Approved Source</b>		
(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"/>
	<b>Protection from Contamination</b>		
(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"/>
	<b>Consumer Advisory</b>		
Y N <u>N/A</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
(Y) N <u>N/O</u> <u>N/A</u>	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical, Poisonous or Toxic Materials</b>		
(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"/>
	<b>Conformance with Approved Procedures</b>		
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
Freezer	12°F	Chocolate Milk	43°F	Pot Pie	42°F		
Refrigerator (#R)	41°F	Turkey Ham & Cheese Croissant	42°F	Hot Water	99°F		
Milk	41°F	Chicken Patty	41°F				

# Brookland Elementary School

## NONCRITICAL ITEMS GOOD RETAIL PRACTICES

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

OBSERVATIONS	CORRECTIVE ACTIONS
Critical Items No hot water	5 DAYS to correct 25 DCMR 4409 Maintain a supply of hot water at 110°F or above.
No certified food protection manager's ID	25 DCMR 203 Post and provide a certified food protection manager's ID issued by the DC Dept. of Health
Non-Critical Item No temperature logs	45 DAYS to correct Post and maintain an up-to-date temperature log.
If you have any questions, please contact Mr. Ronnie Taylor, Area Supervisor, at 202-535-2183.	

Person-in-Charge (Signature) *Keenan C Smith* (Print) Keenan C Smith Date 2/21/2007

Inspector (Signature) *Ivory Gene Cooper* (Print) Ivory Gene Cooper Badge # 650 Date 2/21/2007

# Food Establishment Inspection Report

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 1  
 Date 11/15/08  
 Time In \_\_\_\_\_  
 Time Out \_\_\_\_\_

Establishment Name: Brookland Elementary School  
 License Holder: Brookland Elementary / 30/08  
 Address: 1100 Michigan Ave NE 20018  
 License/Customer No: 30005494  
 Certified Food Manager: Leann Smith  
 Certified Food Manager Identification Card No: 23782  
 Telephone: 2/  
 ID Card Available: Yes  No  4/19/09

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
Y N	1. Correct responses to questions	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health</b>		
Y N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
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"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
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"/>
	<b>Approved Source</b>		
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"/>
	<b>Protection from Contamination</b>		
Y N	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
Y N	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
Y 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
Y N	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N	18. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y 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"/>
Y N	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N	23. Proper time as a public health control (procedures / records available)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
Y N	24. Consumer advisory for raw or undercooked food provided	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
N	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical, Poisonous or Toxic Materials</b>		
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"/>
	<b>Conformance with Approved Procedures</b>		
Y N	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  
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#### ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Refrigerator	38°						
Walk-in	38°						

