



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	1
No. of Repeat Violations	—	—
COS Score (optional)	—	0

Page 1 of 2
Date 4/11/2007
Time In 10:15 AM
Time Out 10:45 AM

Marshall EC
Establishment Name
Marshall Thurgood Elementary School
Address 3298 Fort Lincoln Drive, NE
Washington, DC 20018
Telephone 202-576-6921

License Holder
Food Service Branch
License/Customer No.
11111XXX-3902750 exp. 4/30/2008
Certified Food Manager
Jennifer D. Marshall
Certified Food Manager Identification Card No.
29367 exp. 6/6/2009
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
 112A
 Public Sch Catecteria

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

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
<input checked="" type="checkbox"/> N	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<input checked="" type="checkbox"/> N	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<input checked="" type="checkbox"/> N	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical, Poisonous or Toxic Materials		
<input checked="" type="checkbox"/> N	26. Additives / approved, unapproved	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> 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
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	133°F	Milk	44°F	Mixed Fruit + Cup	37°F		
Freezer	10°F	Chocolate Milk	43°F	Waffle w/Sausage	43°F		
Refrigerator	43°F	Apple Juice	44°F	Peas	40°F		

