

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	1	2
No. of Repeat Violations	-	-
COS Score (Optional)	0	0

Page 1 of 2
Date 3/13/2007
Time In 1:50 PM
Time Out 2:20 PM

Establishment Name
Wilkinson Elementary School
Address 2810 Erie Street, SE
Washington, DC 20020
Telephone 202-698-1097

License Holder
Food Service Branch
License/Customer No.
00000XXX-50005615 exp. 4/30/2008
Certified Food Manager
Not on Duty
Certified Food Manager Identification Card No.
ID Card Available Yes No

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

Establishment Type:
 Food Service DA
 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 <u>N</u>	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>Y</u> N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u>	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>Y</u> N <u>N/A</u>	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u>	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u>	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> 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"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> 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		
<u>Y</u> 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"/>
<u>Y</u> 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

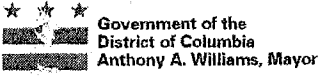
* VIOLATION OF SIX (6) OR MORE CRITICAL ITEMS THAT CANNOT BE CORRECTED ON SITE DURING THE COURSE OF THE INSPECTION RESULTS IN AUTOMATIC SUSPENSION & CLOSURE OF FOOD ESTABLISHMENT

ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot Water	113°F	Pineapple Juice	24°F	Chicken Pot Pie	38°F		
Freezer	-6°F	Beef Patty & Cheese	42°F	Mozzarella String Cheese	41°F		
Refrigerator	40°F	Waffles	42°F	Milk	38°F		

Kitchen closed at time of inspection

11/20/06



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	0	0
No. of Repeat Violations		
Score (optional)		

Page 1 of 2
 Date 11/20/06
 Time In _____
 Time Out _____

Establishment Name
Wilkinson ES
 Address
2330 Pomroy Rd SE
 Telephone
202-698-1111

License Holder
Food Service Bm
 License/Customer No.
00000000-50005615
 Certified Food Manager

 Certified Food Manager Identification Card No.

 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

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

			Potentially Hazardous Food Time / Temperature	COS	R
<u>Y</u>	N	<u>N/A</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
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ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Wg/ks</u>	<u>1</u>		<u>09</u>				
			<u>38</u>				

