



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 <u>Score (optional)</u>	-	0

Page 1 of 2
Date 2/21/2007
Time In 12:58 PM
Time Out 1:35 PM

Establishment Name
Backus Junior High School
Address 5301 South Dakota Avenue, NE
Washington, DC 20011
Telephone 202-576-6118

License Holder
Food Service Branch
License/Customer No.
0000000000-50005484 exp. 4/30/2008
Certified Food Manager
Sandra D. Lindsey
Certified Food Manager Identification Card No.
20072 exp. 10/29/2007
ID Card Available Yes No

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

Establishment Type:
 Food Service 112
 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	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"/>
	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
Freezer	7°F	Turkey Ham	44°F				
Hot Water	110°F	Chocolate Milk	43°F				
Refrigerator	40°F	Milk	40°F				



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

Page 1 of 2
Date 1/10/07
Time In _____
Time Out _____

Establishment Name Balloon HS
Address 3401 4th St SE
Telephone 2045-3382

License Holder Food Service Branch
License/Customer No. 5005 TBS
Certified Food Manager Annie Sneed
Certified Food Manager Identification Card No. 18042
ID Card Available Yes No

Type of Inspection:
 Preoperational Routine
 Follow-up HACCP
 Complaint generated Other
Establishment Type: 12A
 Food Service Wholesaler/ Food
 Food Market Processor
Risk Category: High Medium Low

CRITICAL ITEMS * (RISK FACTORS AND INTERVENTIONS)

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Y N <u>N/O</u>	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health		
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	Good Hygienic Practices		
Y N <u>N/O</u>	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
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	Control of Hands as a Vehicle of Contamination		
Y N <u>N/O</u>	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	6. Bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	7. Hand washing facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
Y N <u>N/O</u>	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"/>
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Y N <u>N/O</u> N/A	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u> N/A	21. Cold Holding	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Y N <u>N/O</u> N/A	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u> N/A	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
Y N <u>N/A</u> <u>N/O</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
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Y N <u>N/O</u> N/A	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
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