

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 | | 1 |
| No. of Repeat Violations | | |
| Score (optional) | | |

Page 1 of 1
 Date 1/28/07
 Time In _____
 Time Out _____

Establishment Name Elmer Jhs
 Address 1830 Columbia St. NW
WASH DC 20003
 Telephone 202-535-8883

License Holder Food Service Branch
 License/Customer No. 5005514
 Certified Food Manager JAN McDonald
 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
 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 |
|---------|---|--------------------------|--------------------------|
| 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. Handwashing 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 | 9. Receiving temperature / condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N N/A | 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"/> |
| Y N | 13. Warewashing, sanitization, frequency, methods | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N | 14. Returned / reserve 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"/> |

| | Potentially Hazardous Food Time / Temperature | COS | R |
|-------------|--|-------------------------------------|--------------------------|
| Y N ✓/C ✓/A | 17. Proper cooking, time and temperature | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Y N N/O N/A | 18. Reheating for hot holding | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N N/O N/A | 19. Cooling / Thawing | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N N/O N/A | 20. Hot holding | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N N/O N/A | 21. Cold Holding | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N N/O N/A | 22. Date marking and disposition | <input type="checkbox"/> | <input type="checkbox"/> |
| Y N N/O N/A | 23. Time as a public health control (procedures / records) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Consumer Advisory | | |
| Y N N/A | 24. Consumer advisory for raw or undercooked food | <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. 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 N/A | 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 |
|---------------|------|---------------|------|---------------|------|---------------|------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |


**NONCRITICAL ITEMS
GOOD RETAIL PRACTICES**

| | COS | R | | COS | R | | COS | R |
|--|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Food and non-food contact surfaces – constructed, cleanable, usage | <input type="checkbox"/> | <input type="checkbox"/> | Plant food cooking | <input type="checkbox"/> | <input type="checkbox"/> | Storage of equipment, utensil, linens, & single-service / single-use articles | <input type="checkbox"/> | <input type="checkbox"/> |
| Liquid waste disposal, if required | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities, clean & available | <input type="checkbox"/> | <input type="checkbox"/> | Physical facilities NO | <input type="checkbox"/> | <input type="checkbox"/> |
| Unnecessary exposure of utility lines | <input type="checkbox"/> | <input type="checkbox"/> | Garbage and refuse disposal | <input type="checkbox"/> | <input type="checkbox"/> | Specialized processing methods | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment for temperature control | <input type="checkbox"/> | <input type="checkbox"/> | Food utensils, stored & used properly | <input type="checkbox"/> | <input type="checkbox"/> | Contract with pest control service vendor | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal cleanliness, outer garments | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers in proper location | <input type="checkbox"/> | <input type="checkbox"/> | Contract with trash or solid waste service vendor | <input type="checkbox"/> | <input type="checkbox"/> |
| Food labeled/ condition | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths, properly stored | <input type="checkbox"/> | <input type="checkbox"/> | Contract with liquid / grease collection service vendor | <input type="checkbox"/> | <input type="checkbox"/> |

OBSERVATIONS AND CORRECTIVE ACTIONS

DCMR 3200.1 - Waiting for contractors to repair lights wired currently boarded completely up. Locking off from children testing. Manager does not have an idea when the contractors will be back to the school.

Questions call me Coleman 535-2186

Person-in-Charge (Signature)  (Print) _____ Date 1-8-07

Inspector (Signature)  (Print) Jane Marie Badge # _____ Date _____

EHA

FOOD ESTABLISHMENT INSPECTION REPORT

Address 1830 Constitution Ave NE Date June 9, 05
 Name of Licensee DC Public School Cafeteria Officer of Firm Joan D. McDonald - Mgr / CFS
 Trading as Eliot J.H.S Inspect. Time 903 / 112-A Customer # 50005514
 Food Service Retail Store Other Sanitation Rating 86% Number of Samples Collected 4-30-06

NOTICE TO ESTABLISHMENT

This inspection was conducted to determine compliance with District Regulations. Effective action must be taken this date to correct all underlined deficiencies having a demerit value of 6. Other underlined deficiencies must be corrected as indicated under "Remarks". Failure to make the indicated correction within the specified time may result in court proceedings being initiated for the enforcement thereof.

| A. STRUCTURE | |
|---|----------|
| 1. Floors: clean - easily cleanable - in good repair - properly drained | 2 |
| 2. <u>Walls, ceiling and overhead: Clean - easily cleanable - no scaling paint - in good repair</u> | <u>2</u> |
| 3. Lighting: adequate for operation | 2 |
| 4. Ventilation: rooms reasonably free from odors, condensation, smoke, etc. | 2 |
| 5. Toilets/dressing rooms: clean - convenient - adequate - properly constructed and ventilated | 2 |
| 6. <u>Handwashing facilities: adequate - property located - soap and towels</u> | <u>6</u> |
| 7. <u>Plumbing: potable water supply - sufficient hot and cold running water no back siphonage or cross connections - no overhead waste lines in critical areas</u> | <u>8</u> |
| DEMERITS A | 8 |

| C. MEAT and MEAT PRODUCTS, INGREDIENTS, ICE, OTHER FOODS | |
|--|----------|
| 1. (a) Source: approved (b) Trichinae treatment for appropriate product containing pork muscle tissue | 6 |
| 2. Condition: sound - clean - unadulterated - only authorized food additives used | 6 |
| 3. Labeling: proper - no false or misleading statements - products accurately described - accurate net weights | 4 |
| 4. Temperature of potentially hazardous food: 45° F or less of 140° F or more - frozen foods at 0° F or below | 6 |
| DEMERITS C | 0 |

| D. PERSONNEL | |
|---|----------|
| 1. Outer garments: appropriate and washable - clean - proper hair restraints | 2 |
| 2. Good apparent health | 6 |
| 3. Hygienic practices: <u>J. D. McDonald</u> (a) good personal hygiene - hand washed and clean - proper and minimal personal contact with food and food contact surfaces <u>20211 2-11-08</u> (b) Certified Food Supervisor | 6 |
| DEMERITS D | 0 |

| B. EQUIPMENT | |
|---|----------|
| 1. Installation: equipment location permits easy access to and cleaning of equipment and adjacent surfaces or properly sealed to adjacent surfaces | 2 |
| 2. Refrigerated and hot food holding equipment: adequate - capable of maintaining proper food temperature - in good repair - provision for separation of raw and finished products | 6 |
| 3. Food Contact surfaces of equipment and multi-use eating and cooking utensils: constructed of suitable material - free of cracks, crevices, chips, rust or paint - equipment easily disassembled and readily cleanable - clean and sanitized before each use - proper facilities and material available for cleaning and sanitizing | 6 |
| 4. <u>Non-food Contact surfaces: proper construction - clean - in good repair - suitable facilities and materials available for cleaning</u> | <u>6</u> |
| 5. Cooking units, hoods and filters: clean - in good repair | 2 |
| DEMERITS B | 6 |

| E. GENERAL | |
|---|----------|
| 1. Premises: no rodent harborage - effective vermin control - only permitted pesticides used and properly stored - premises free of trash and litter - no birds or unauthorized animals - facilities and materials available for cleaning | 6 |
| 2. General storage: storage areas clean, adequate and properly utilized - food product ingredients, utensils and single service items protected from contamination - soiled linens and clean linens separated - contents of containers properly identified - poisonous materials properly labeled, handled and stored | 6 |
| 3. Operating methods: food protected during display, packaging, processing and transportation - containers and wrappings sanitary - proper sequence of operations | 6 |
| 4. Waste containers: property constructed and used - clean | 2 |
| DEMERITS E | 0 |

TOTAL DEMERITS 14

M.S. Coleman Supervisor
535-2186

REMARKS
 Water 113° F
 Freezer 20° F
 Ref. unit R1 40° F

See Attach Sheet

INSPECTED BY Yvonne Wilkerson RECEIVED BY Joan McDonald

