



# 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	3
No. of Repeat Violations	-	-
COS Score (optional)	0	1

Page 1 of 2  
Date 3/5/2007  
Time In 11:10 AM  
Time Out 11:50 AM

Establishment Name  
Hart Jr. High School  
Address 601 Mississippi Avenue, SE  
Washington, DC 20032  
Telephone 202-645-3434

License Holder  
Food Service Branch  
License/Customer No.  
001111XX-50005528 exp. 4/30/2008  
Certified Food Manager  
Dillard L. Williams  
Certified Food Manager Identification Card No.  
21384 exp. 6/3/2008  
ID Card Available Yes  No

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

Establishment Type:  
 Food Service 112A  Wholesaler/ Food  
 Food Market  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"/>
(Y) N	<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>NO</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 <u>NO</u>	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	14. Returned / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>NO</u>	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/A</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y (N) <u>N/A</u>	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <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/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
Hot Water	110°F	Chocolate Milk	35°F	Sliced Cheese	37°F	Corn	135°F
Refrigerator	35°F	Slaw	41°F	Yogurt	33°F	Mashed Potatoes	134°F
Milk	33°F	Turkey Ham	31°F	Chicken Nuggets	131°F	Meatloaf	134°F
Freezer	10°F	Pizza	150°F				



# Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations



*Penalty 2 - (Fined 5 Days)*

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	0	2
No. of Repeat Violations	0	0
Score (optional)	100	100

Page 1 of 2  
 Date 10-23-06  
 Time In \_\_\_\_\_  
 Time Out \_\_\_\_\_

Establishment Name Hart High School  
 Address 601 Miss Ave SE  
 Telephone 645-3434

License Holder Food Service Branch  
 License/Customer No. \_\_\_\_\_  
 Certified Food Manager Sheldon Williams  
 Certified Food Manager Identification Card No. 21304  
 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  
 Other

Risk Category # 112A  
 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 <b>Employee Health</b>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	2. Exclusion, restriction and reporting <b>Good Hygienic Practices</b>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	3. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y N	4. No discharge from eyes, nose, or mouth <b>Control of Hands as a Vehicle of Contamination</b>	<input type="checkbox"/>	<input type="checkbox"/>
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 <b>Approved Source</b>	<input type="checkbox"/>	<input type="checkbox"/>
Y 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 (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan <b>Protection from Contamination</b>	<input type="checkbox"/>	<input type="checkbox"/>
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, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N	14. Proper return / 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"/>

IN COMPLIANCE	Potentially Hazardous Food Time / Temperature	COS	R
Y N N/O (N/A)	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	18. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	23. Proper time as a public health control (procedures / records available) <b>Consumer Advisory</b>	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	24. Consumer advisory for raw or undercooked food provided <b>Highly Susceptible Populations</b>	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O (N/A)	25. Pasteurized foods used, avoidance of prohibited foods <b>Chemical, Poisonous or Toxic Materials</b>	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	26. Only approved additives used	<input type="checkbox"/>	<input type="checkbox"/>
Y N	27. Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>
Y N (N/A)	28. Compliance with variance and HACCP plan <b>Conformance with Approved Procedures</b>	<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

