



# 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
No. of Repeat Violations		1
Score (optional)		

Page 1 of 2  
Date 1/9/09  
Time In \_\_\_\_\_  
Time Out \_\_\_\_\_

Establishment Name  
Johnson JHS  
Address 1400 3100 Blvd  
PI SE  
Telephone 2) 698-1024

License Holder  
Food Service Branch  
License/Customer No.  
00111XXXX-50005533  
Certified Food Manager  
Lloyd Rollins  
Certified Food Manager Identification Card No.  
20773  
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.

In Compliance	Demonstration of Knowledge	COS	R
Y N <u>(N/O)</u>	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health</b>		
Y N <u>(N/O)</u>	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
Y N <u>(N/O)</u>	3. Eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u>	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 <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"/>
	<b>Approved Source</b>		
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"/>
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>(N/A)</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>(N/A)</u>	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/A)</u>	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
Y N <u>(N/O)</u> N/A	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> N/A	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> N/A	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
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 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"/>
	<b>Consumer Advisory</b>		
Y N <u>(N/A)</u> <u>(N/O)</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
Y N <u>(N/O)</u> N/A	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> <u>(N/O)</u>	26. Additives / approved, unapproved	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u>	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> <u>(N/O)</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
<u>WALKER</u>	<u>41.4</u>						

