



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

Page 1 of 2
Date 2/27/2007
Time In 9:00AM
Time Out 9:42AM

Establishment Name

Ronald Brown Junior High School
Address 4800 Meade Street, NE
Washington, DC 20019

License Holder

Food Services Branch
License/Customer No. 00000000-5005495 exp. 4/30/2008
Certified Food Manager

Type of Inspection:

- Preoperational
 Follow-up
 Complaint generated
 Routine
 HACCP
 Other

Establishment Type:

- Food Service 112A
 Food Market
 Wholesaler/ Food Processor

Telephone

202-724-4639

Denise Majette
Certified Food Manager Identification Card No. 28165 exp. 6/8/2009

ID Card Available Yes No

Risk Category:

- High
 Medium
 Low

Public Sch. Cafeteria

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 N/O	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 N/O	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	14. Returned / reserve of food	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	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. 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
Refrigerator (R3)	40°F	Freezer	10°F	Yogurt	36°F	Fruit Cup	40°F
Chocolate M:lk	38°F	Hot Water	136°F	Turkey Ham	36°F	Turkey & Cheese Sandwich	37°F
M:lk	40°F	Refrigerator	34°F	Refrigerator (R4)	41°F	Turkey Ham & Cheese Sand.	40°F

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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	0
No. of Repeat Violations		
Score (optional)		

Page 1 of 2
 Date 10/24/06
 Time In _____
 Time Out _____

Establishment Name Ronald Brown MD
 Address 4800 Meade ST
NE
 Telephone 2)

License Holder Food Service Branch
 License/Customer No. ED000233X-50025495
 Certified Food Manager Delores Mandridge
 Certified Food Manager Identification Card No. 15703
 ID Card Available Yes No

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

Establishment Type: W
 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	1. Correct responses to questions	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health			
Y	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
Y	3. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y	4. No discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
Y	5. Clean hands, properly washed	<input type="checkbox"/>	<input type="checkbox"/>
Y	6. Proper bare hand contact w / ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y	7. Handwashing facilities available	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
Y	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y	9. Proper condition/ temperature upon receiving	<input type="checkbox"/>	<input type="checkbox"/>
Y	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
Y	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
Y	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
Y	13. Warewashing, sanitization, frequency, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
Y	14. Proper return / reservice of food	<input type="checkbox"/>	<input type="checkbox"/>
Y	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
Y	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

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

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
walk in	45	fry	40				
	15	meat loaf	155				

**NONCRITICAL ITEMS
GOOD RETAIL PRACTICES**

	COS	R		COS	R		COS	R
Food and non-food contact surfaces constructed, cleanable, usage <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food cooking <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid waste disposal, if required <i>NA</i>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities, clean & available <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>
Unnecessary exposure of utility lines <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse disposal <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized processing methods <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for temperature control <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils, stored & used properly <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Contract with pest control service vendor <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness, outer garments <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers in proper location <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Contract with trash or solid waste service vendor <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>
Food labeled/ condition <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths, properly stored <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>	Contract with liquid / grease collection service vendor <i>Y</i>	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS

** PASSED **

Person-in-Charge (Signature) *Dennis Myette* (Print) *Food Sec Foreman* Date *10/27/06*

Inspector (Signature) *ADH* (Print) *Arion Gibson* Badge # *61* Date *10/24/06*

