

# 5 & 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	2	6
No. of Repeat Violations	-	-
COS Score (optional)	0	1

Page 1 of 2  
 Date 3/9/2007  
 Time In 1:45 PM  
 Time Out 2:20 PM

Establishment Name Sousa Jr. High School / Shadd Elementary School  
 Address 5600 East Capitol Street, SE  
Washington, DC 20019  
 Telephone 202-645-4432

License Holder Not Available  
 License/Customer No. \_\_\_\_\_  
 Certified Food Manager Ego Onwunata Atulobi  
 Certified Food Manager Identification Card No. 23835  
 ID Card Available Yes  No  exp. 9/10/2007

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.

In Compliance	Demonstration of Knowledge	COS	R
(Y) N	1. Correct response to questions	<input type="checkbox"/>	<input type="checkbox"/>
	<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	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
(Y) N	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	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"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
(Y) N	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
(Y) N	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
(Y) N	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical, Poisonous or Toxic Materials</b>		
(Y) N	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	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	72°F	Refrigerator (R2)	36°F	Egg Biscuit	35°F	Strawberry Yogurt	35°F
Freezer	1°F	Baby Carrots	38°F	Cheese Rolls	34°F	Refrigerator	36°F
Refrigerator (R1)	41°F	Breakfast Wrap	35°F	Mixed Fruit Cup	38°F	Milk	36°F


Sousa Jr. High School  
 3700 Ely Place SE  
 Washington, DC 20019


BBL: 0000XXXX-50005593  
 Exp: 4/30/2008  
 112A: Public Sch Cafeteria

## NONCRITICAL ITEMS GOOD RETAIL PRACTICES

		COS	R			COS	R			COS	R
<input type="checkbox"/>	Food and non-food contact surfaces — Constructed, cleanable, usage	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Plant food cooking	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles	Yes	<input type="checkbox"/>
<input type="checkbox"/>	Liquid waste disposal	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities	No	<input type="checkbox"/>
<input type="checkbox"/>	Unnecessary exposure of utility lines	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse disposal	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Specialized processing methods	N/A	<input type="checkbox"/>
<input type="checkbox"/>	Equipment for temperature control	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils/ in-use	N/D	<input type="checkbox"/>	<input type="checkbox"/>	Other		<input type="checkbox"/>
<input type="checkbox"/>	Personal cleanliness	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers	Yes	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>	Food labeled/ condition	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths	Yes	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

OBSERVATIONS	CORRECTIVE ACTIONS
<p><b>Critical Items</b></p> <p>No Hot Water</p> <p>No valid business license posted</p> <p><b>Non-critical Items</b></p> <p>Low water pressure</p> <p>Paint peeling from ceiling</p> <p>Gap under rear kitchen door leading outside</p> <p>Light <del>switch</del> switch on refrigerator (RI) not functioning</p> <p>Blown light bulb in storage room</p> <p>Temperature log not posted (last entry 3/8/2007)</p>	<p style="text-align: center;"><b>5 DAYS to correct</b></p> <p>25 DCMR 4409 Maintain an adequate supply of hot water at 110°F or above</p> <p>25 DCMR 4300 Provide a valid business license issued by the mayor</p> <p style="text-align: center;"><b>45 DAYS to correct</b></p> <p>25 DCMR 2306 Increase water pressure</p> <p>25 DCMR 3200 Repair the ceiling</p> <p>25 DCMR 2912 Place a guard (sweep) on door to prevent rodent and insect entry</p> <p>25 DCMR 1800 Repair or replace the light switch</p> <p>25 DCMR 2908 Replace the light bulb</p> <p>Post and maintain up-to-date temperature log. Corrected on site.</p>
<p>Area Supervisor: Mr. Ronnie Taylor - 202-535-2183</p>	

Person-in-Charge (Signature)  (Print) EGO Oawunata-Afulobi Date 3/9/07

Inspector (Signature)  (Print) Ivory Gene Cooper Badge # 650 Date 3/9/2007

DISTRICT OF COLUMBIA  
 Department of Consumer and Regulatory Affairs  
 Business License Center Room T100  
 941 North Capitol Street, N.E.  
 Washington, D.C. 20002  
 Date Issued: 05/30/2006  
 Business ID/BE#: 00000XXX-50005593  
 Category: 112A  
 License Period: 05/01/2006-04/30/2008

**BASIC BUSINESS LICENSE**

Applicant's Name and Mailing Address	Name and Licensed Premise Address	Registered Agent and Agent Address
FOOD SERVICE BRANCH 3535 V ST NE WASHINGTON, DC 20018	3700 ELY PL SE WASHINGTON, DC 20019	N/A

Owner's Name:  
 Corp. Name: SOUSA JR HIGH SCHOOL  
 Trade Name:

CofO# / HOP# : 0	Square: 5423	Lot: 0002	Suffix:	Zone:	Ward: 7	ANC: 7A
Units: 0	Kitchens: 0000	SQ FT: 0	Perm No.:	Tab First:	Tab Last:	VIN#

PUB HEALTH: FOOD EST RET  
 PUBLIC SCH CAFETERIA

**\*\*THE LAW REQUIRES THIS LICENSE TO BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES\*\***

*Patrick J. Caravan*  
 Patrick J. Caravan, Psy. D.  
 Director

\*License Effective from the date of issue or start of license period date

**ADDENDUM**

It is a violation of the DC regulation 73-22 Human Rights Act to discriminate for any reason other than individual merit including but not limited to discrimination by reason of race, color, religion, national origin, sex, age, marital status, service status, sexual orientation, family responsibilities, marital status, political affiliation, physical handicap, ancestry, or income, and place of residence of business. Failure to comply with the above shall be a cause for the revocation or suspension of this license.

