



# 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 <del>Score (optional)</del>	-	0

Page 1 of 2  
Date 3/12/2007  
Time In 1:10 PM  
Time Out 1:50 PM

Establishment Name Stuart Hobson Middle School License Holder

Stuart Jr. High School

Food Svc Branch

Address 430 E Street, NE

License/Customer No. 00000XXXX-50005595 exp 4/30/2008

Washington, DC 20002

Certified Food Manager Deborah A. Gore

Telephone 202-698-4714

Certified Food Manager Identification Card No. 17064 exp. 5/21/2007

ID Card Available Yes  No

Type of Inspection:

- Preoperational
- Follow-up
- Complaint generated
- Routine
- HACCP
- Other

Establishment Type:

- Food Service 12A
- Wholesaler/ Food
- Food Market
- Processor

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"/>
	<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>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	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	14. Returned / reservice 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 <u>(N/O)</u> <u>N/A</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> <u>N/A</u>	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> <u>N/A</u>	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> <u>N/A</u>	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u> <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/O</u> <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	119°F	Milk	42°F	Slaw	43°F	Turkey Ham	36°F
Freezer	12°F	Carrot Stick	42°F	Chocolate Milk	42°F	Chicken Strips	33°F
Refrigerator	42°F	Apple Juice	39°F	Refrigerator	37°F	Grated Cheese	39°F

NONCRITICAL ITEMS  
GOOD RETAIL PRACTICES

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

OBSERVATIONS	CORRECTIVE ACTIONS
Non-Critical Items	45 DAYS to correct
Blown light in refrigerator	25DCMR 2908 Replace the blown light bulb
Paint peeling from storage room ceiling; plaster loose in storage room ceiling; ceiling tiles in Kitchen are loose	25DCMR 3200 Repair the ceilings and secure all tiles
Freezer temperature log not up-to-date (last entry 3/9/2007)	Keep ALL temperature logs up-to-date
Area Supervisor: Mr. Ronnie Taylor 202-535-2183	

Person-in-Charge (Signature) *Deborah Lane* (Print) **Deborah Lane** Date **3.12.07**

Inspector (Signature) *Ivory Gene Cooper* (Print) **Ivory Gene Cooper** Badge # **650** Date **3/12/2007**

