



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	6
No. of Repeat Violations	-	-
COS Score (optional)	-	0

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Date 3/19/2007
Time In 8:35 AM
Time Out 9:52 AM

Establishment Name
Shaw Jr. High School
Address 925 Rhode Island Avenue, NW
Washington, DC 20001
Telephone 202-673-6772

License Holder
Food Service Branch
License/Customer No. 00000XXX-50005585 exp. 4/30/2008
Certified Food Manager
Chris Barnett
Certified Food Manager Identification Card No. 20786 exp. 10/29/2007
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"/>
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	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"/>
Protection from Contamination			
(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 / 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	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"/>
Consumer Advisory			
Y N	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
(Y) N	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
Chemical, Poisonous or Toxic Materials			
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"/>
Conformance with Approved Procedures			
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	116°F	Pineapple Juice	34°F	Refrigerator	35°F	Turkey	31°F
Freezer	30°F	Milk	44°F	Milk	32°F	Yogurt	31°F
Refrigerator	43°F	Mozzarella String Cheese	43°F	Turkey Ham	33°F	Applesauce	155°F

Refr. gerator Walk-in 40°F

