



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

Notice Still in Effect

	CRITICAL	NON CRITICAL
No. of Violations	0	0
No. of Repeat Violations	1	2
Score (optional)	0	9

Page 1 of 2
Date 1-8-07
Time In _____
Time Out _____

Establishment Name Avocostival H. School
Address 1634 16th St SE
Telephone 692-2169

License Holder Food Service Permit
License/Customer No. 50005482
Certified Food Manager Alice Fields
Certified Food Manager Identification Card No. 17397
ID Card Available Yes No

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

Establishment Type:
 Food Service
 Food Market
 Wholesaler/ Food Processor

Risk Category: 112A
 High
 Medium
 Low

NO food

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 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

**NONCRITICAL ITEMS
GOOD RETAIL PRACTICES**

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

45 DAYS OBSERVATIONS

CORRECTIVE ACTIONS

*Ceiling have peeling paint (dry storage area) 2913
 Repair / Replace garbage disposal - 2914
 Provide shield for light - 2908*

5 DAYS

*Repair black - n - box (RD)
 Repair - n - Freezer*

Person-in-Charge (Signature)

Curtis L Vest

(Print)

CURTIS L. VEST

Date

1-8-07

Inspector (Signature)

C. Bailey

(Print)

C. Bailey

Badge #

107

Date

1/9/07

1-4-07

11-27-06

Still in effect

Government of the District of Columbia
Anthony A. Williams, Mayor

Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations

5 Days 5 49 Days

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	1	2
No. of Repeat Violations	0	0
Score (optional)	9	9

Page 1 of 2
Date 11/27/06
Time In _____
Time Out _____

Establishment Name
Protestia H. Glad Food Service Branch
Address 1634 16th Street SE
Telephone 202-498-2169

License Holder
Food Service Branch
License/Customer No.
#50025127
Certified Food Manager
Wesley Tucker
Certified Food Manager Identification Card No.
17397
ID Card Available Yes No

Type of Inspection:
 Preoperational Routine
 Follow-up HACCP
 Complaint generated Other
Establishment Type:
 Food Service Wholesaler / Food Processor
 Food Market
Risk Category: #112 A
 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.

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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. Handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				
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				Potentially Hazardous Food Time / Temperature	COS	R
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ADDITIONAL COMMENTS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot water	120°	Mixed Veg.	140°	Hot water	170°	Hot water	170°
Cold water	40°	Hot / Cheese	140°	Hot water	170°	Hot water	170°
Hot dog	140°	Turkey / Cheese	140°	Hot water	170°	Hot water	170°

Temp Log Posted

