



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	4
No. of Repeat Violations	-	-
COS Score (optional)	-	0

Page 1 of 2
Date 2/20/2017
Time In 10:58 AM
Time Out 12:13 PM

Establishment Name
Roosevelt Senior High School
Address 4301 13th Street, NW
Washington, DC 20011
Telephone 202-576-6138

License Holder
Food Services Branch
License/Customer No.
00000XXX-50005578 exp. 4/30/2018
Certified Food Manager
Raymond A. Williams
Certified Food Manager Identification Card No.
18366 exp. 10/29/2008
ID Card Available Yes No

Type of Inspection:
 Preoperational Routine
 Follow-up HACCP
 Complaint generated Other
Establishment Type:
 Food Service 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 (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	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O	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
Hot Water	122°F	Freezer	3°F	Refrigerator (#R3)	39°F	Slow (Delivery)	43°F
Refrigerator (#R1)	37°F	Refrigerator (#R2)	34°F	Chocolate Milk	39°F	Carrot/Green Beans	153°F
Lettuce	38°F	Chicken Salad	32°F	Milk	39°F	Cheeseburger	111°F

Salad 41°F

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

OBSERVATIONS	CORRECTIVE ACTIONS
Non-Critical Items	45 Days to correct
Blown light bulbs in refrigerator and freezer	25 DCMR 2908 Replace the blown light bulbs
Leaking faucet	25 DCMR 1800 Repair the faucet
Dishwasher not working	25 DCMR 1800 Repair the dishwasher
Cracked light fixture cover under ventilation hood; ceiling tiles cracked; missing tile at floor/wall juncture in refrigerator.	25 DCMR 3200 Replace the cracked light fixture cover and all defective ceiling tiles. Repair the tile in the refrigerator.
Ceiling leaking and water pooling on floor.	Repair the ceiling.
Drain hole cover between freezer and refrigerator missing.	Place cover over drain to prevent pests from entering the area
Mop/Wash room has hole in wall around the pipes	Seal the area around the pipes.
Maintenance room outside door has floor gap; Rear door has floor gap.	Place a sweep (guard) that's tight-fitting on the outside of the doors
Temperature logs up-to-date	
If you have any questions, please contact Mr. Rennie Taylor, Area Supervisor, at 202-535-2183.	

Person-in-Charge (Signature) *Raymond Williams* (Print) *RAYMOND WILLIAMS* Date *2-20-7*

Inspector (Signature) *Ivory Gene Cooper* (Print) *Ivory Gene Cooper* Badge # *650* Date *2/20/2007*

10:12 AM

-1A

COMPLAINT

REFERRAL

- Food
 Commercial
 Other

DATE 2-20-07

STREET 13th St NW NO. 4301 SQ. LOT

PREMISES USED FOR Roosevelt SAS 576-6130

Complainant Address

Your attention is directed to the above premises and the following conditions: ON 2/16/07 Her child saw large RAT running in the Cafeteria. States mice are in the classrooms also.

This office will appreciate a reply regarding the action taken.

FOOD PROTECTION DIVISION

By: R. Taylor

Phone: 535-2180

DATE February 20, 2007

Program Manager, Food Protection Division

The conditions described above investigated and the following action taken: Inspected the cafeteria. didn't find any evidence of rodent activity but found possible points of entry that needed to be covered or sealed. Discussed problem with kitchen manager. spoke with the complainant, at 4:02 PM.

By: Susan Anne Cooper

COMPLAINT AND REFERRAL

