



5 & 45 Days Notices 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 | 1 | 2 |
| No. of Repeat Violations | - | - |
| COS (See Appendix) | 0 | 0 |

Page 1 of 2
Date 3/20/2007
Time In 12:25 PM
Time Out 1:10 PM

Establishment Name
Wilson W Sr High School
Address 3950 Chesapeake Street, NW
Washington, DC 20016
Telephone 202-282-0498

License Holder
DC Public School Food
License/Customer No.
00000XXX-5000517 exp 4/30/2008
Certified Food Manager
Marjorie A. Breedlove
Certified Food Manager Identification Card No.
17596 exp 6/11/2007
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"/> |
| (Y) N | Employee Health | | |
| (Y) N | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | 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"/> |
| (Y) N | 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"/> |
| (Y) N | 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"/> |
| (Y) N | 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"/> |
| (Y) N | Consumer Advisory | | |
| (Y) N | 24. Consumer advisory for raw or undercooked food | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | Highly Susceptible Populations | | |
| (Y) N | 25. Pasteurized foods used, avoidance of prohibited foods | <input type="checkbox"/> | <input type="checkbox"/> |
| (Y) N | 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"/> |
| (Y) N | 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 | 124°F | Green Beans | 144°F | Milk | 36°F | | |
| Freezer | 8°F | Salisbury Steak | 123°F | Pizza | 102°F | | |
| Refrigerator (Inoperable) | | Rice → | 149°F | Chicken Wings | 119°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"/> | Plant food cooking | Yes | <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 | Yes | <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 |
|--|--|
| Critical Item | 5 DAYS to correct |
| Hot food held at improper temperatures | 25DCMR 1005.1(a) 1005.1(a) Maintain all potentially hazardous hot foods at 140°F or above |
| Non-Critical Items | 45 DAYS to correct |
| Paint peeling from walls and ceiling | 25DCMR 3200 Repair the walls and ceiling |
| Inoperable refrigerators and ice machine | 25DCMR 1800 Maintain all equipment in good repair. |
| Ceiling light fixture covers missing | 25DCMR 3200 Replace the missing fixture covers |
| Temperature log up-to-date | |
| Area Supervisor: Mr. Ronnie Taylor 202-535-2183 | |

Person-in-Charge (Signature) *Margie Breedlove* (Print) Margorie Breedlove Date 3/20/07

Inspector (Signature) *Ivory Gene Cooper* (Print) Ivory Gene Cooper Badge # 650 Date 3/20/2007

