



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		
No. of Repeat Violations		
Score (optional)		

Page 1 of
 Date 1-08-07
 Time In _____
 Time Out _____

Establishment Name
Dunbar HS

License Holder _____

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

Address
1320 1st St NW

License/Customer No. _____

Certified Food Manager
Ruby M Curtis

Establishment Type:
 Food Service
 Food Market
 Wholesaler/ Food Processor

Telephone
202-673-3495

Certified Food Manager Identification Card No.
28143

ID Card Available Yes No
4/26/09

Risk Category:
 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	14. Returned / reserve 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

Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations

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	5	
No. of Repeat Violations	1	
Score (optional)		

Page 1 of 1
 Date 1/7/08
 Time In _____
 Time Out _____

Dunbar
 Establishment Name Dunbar High School
 Address 1326 1st NW
WASH DC 20002
 Telephone 2/ 473-3495

License Holder DCPS
 License/Customer No. 51005511 4/3/08
 Certified Food Manager Kuby Curtis
 Certified Food Manager Identification Card No. 7/29/07
 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:
 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.

Demonstration of Knowledge		COS	R
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health			
Y	N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/A	<input type="checkbox"/>
Protection from Contamination			
Y	N	N/A	<input type="checkbox"/>
Y	N	N/A	<input type="checkbox"/>
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	<input type="checkbox"/>	<input type="checkbox"/>

Potentially Hazardous Food Time / Temperature				COS	R
Y	N	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/O	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/O	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/O	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/O	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/O	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/O	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory					
Y	N	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations					
Y	N	N/O	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Chemical, Poisonous or Toxic Materials					
Y	N	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Y	N			<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures					
Y	N	N/A		<input type="checkbox"/>	<input type="checkbox"/>

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