



*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	4
No. of Repeat Violations	-	-
COS <i>See Summary</i>	0	0

Page 1 of 2  
 Date 3/20/2007  
 Time In 11:00 AM  
 Time Out 12:05 PM

Establishment Name Ellington School of the Arts  
 Address 1698 R Street, NW  
Washington, DC 20007  
 Telephone 202-282-0098

License Holder Food Srvc Branch  
 License/Customer No. 53600XXXX-50005515 exp. 4/30/2008  
 Certified Food Manager Patricia F. Bailey  
 Certified Food Manager Identification Card No. 26017 exp. 6/9/2009  
 ID Card Available Yes  No

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

Establishment Type:  
 Food Service 12A  
 Food Market  
 Wholesaler/ Food Processor

Risk Category: Public Sch Cafeterias  
 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"/>
<b>Employee Health</b>			
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
(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"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
(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"/>
<b>Approved Source</b>			
(Y) N	8. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	9. Receiving temperature / condition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/A</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
<b>Protection from Contamination</b>			
(Y) N <u>N/A</u>	11. Food segregated, separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/A</u>	12. Food contact surfaces clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	13. Warewashing, sanitization, frequency, methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	14. Returned / reserve of food	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u>	15. Discarding / reconditioning unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
Y <u>(N)</u>	16. Controlling pests	<input type="checkbox"/>	<input type="checkbox"/>

In Compliance	Potentially Hazardous Food Time / Temperature	COS	R
(Y) N <u>N/O</u> <u>N/A</u>	17. Proper cooking, time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	18. Reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>(N/O)</u> <u>N/A</u>	19. Cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	20. Hot holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	21. Cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N <u>N/O</u> <u>N/A</u>	22. Date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N <u>N/O</u> <u>(N/A)</u>	23. Time as a public health control (procedures / records)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Consumer Advisory</b>			
Y N <u>(N/A)</u>	24. Consumer advisory for raw or undercooked food	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
(Y) N <u>N/O</u> <u>N/A</u>	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical, Poisonous or Toxic Materials</b>			
Y N <u>(N/A)</u>	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"/>
<b>Conformance with Approved Procedures</b>			
Y N <u>(N/A)</u>	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	115°F	Freezer	10°F	Ground Beef	41°F	Sliced Cheese	42°F
Freezer	19°F	Refrigerator	40°F	Grape Juice	42°F	Orange Juice	22°F
Refrigerator	40°F	Chocolate Milk	40°F	Milk	42°F	Pecans	184°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	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 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"/>	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"/>	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
Critical Items	5 DAYS to correct
Mice (3) found in glue traps	25DCMR 3210 Provide immediate extermination services
Non-Critical Items	45 DAYS to correct
Dead pests in traps	25DCMR 3211 Remove all dead pests from traps
Chipped paint in ceiling and walls in the toilet room and storage room.	25DCMR 3200 Repair all ceilings, walls and floors as cited.
Chipped paint on floors throughout kitchen area	
Inoperable refrigerator, pizza oven and ice machine.	25DCMR 1800 Maintain all equipment in good repair.
Grease trap needs an outer seal	
2-compartment sink refuse backs up into grease trap.	25DCMR 2418 Repair the 2-compartment sink and its pipes
Temperature logs up-to-date	
Area Supervisor: Mr. Ronnie Taylor 202-535-2183	

Person-in-Charge (Signature) *Patricia Bailey* (Print) Patricia Bailey Date 3-30-07

Inspector (Signature) *Christy Rene Cooper* (Print) Ivory Gene Cooper Badge # 650 Date 3/29/2007

