

# Food Establishment Inspection Report

Pursuant to Title 25 of the District of Columbia Municipal Regulations



DISTRICT OF COLUMBIA  
 DEPARTMENT OF HEALTH  
 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	0	0
No. of Repeat Violations	0	0
Score (optional)	100	100

Page 1 of 2  
 Date 7-7-06  
 Time In \_\_\_\_\_  
 Time Out \_\_\_\_\_

Establishment Name: Bell Multicultural License Holder: Catherine Lynch  
 Address: 2535 45th St NW License/Customer No.: License expired  
Place NW Certified Food Manager: Elaine Kitt  
Washington DC Certified Food Manager Identification Card No.: 5720109 489347  
 Telephone: (202) 939-7700 ID Card Available: Yes  No   
ext 5090

Type of Inspection:  
 Preoperational  Routine  
 Follow-up  HACCP  
 Complaint generated  Other  
 Establishment Type:  
 Food Service  Wholesaler/ Food Processor  
 Food Market  
 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 responses 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. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
Y N	4. No 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. Proper bare hand contact w / ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>
Y N	7. Handwashing facilities available	<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	9. Proper condition/ temperature upon receiving	<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"/>
	<b>Protection from Contamination</b>		
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, proper methods	<input type="checkbox"/>	<input type="checkbox"/>
Y N	14. Proper return / 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. Proper reheating for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	19. Proper cooling / Thawing	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	20. Proper hot holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	21. Proper cold Holding	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	22. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
Y N N/O N/A	23. Proper time as a public health control (procedures / records available)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
Y N N/A	24. Consumer advisory for raw or undercooked food provided	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
Y N N/O N/A	25. Pasteurized foods used, avoidance of prohibited foods	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical, Poisonous or Toxic Materials</b>		
Y N N/A	26. Only approved additives used	<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 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	110 OF			Hot Holding Unit	140 F		
reach in	380 F						
reach in	350 F						

NONCRITICAL ITEMS  
GOOD RETAIL PRACTICES

	COS	R		COS	R		COS	R
Food and non-food contact surfaces - constructed, cleanable, usage	<input type="checkbox"/>	<input type="checkbox"/>	Plant food cooking <i>N/A</i>	<input type="checkbox"/>	<input type="checkbox"/>	Storage of equipment, utensil, linens, & single-service / single-use articles	<input type="checkbox"/>	<input type="checkbox"/>
Liquid waste disposal, if required	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities, clean & available	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
Unnecessary exposure of utility lines	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>	Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	Food utensils, stored & used properly	<input type="checkbox"/>	<input type="checkbox"/>	Contract with pest control service vendor	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness, outer garments	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers in proper location	<input type="checkbox"/>	<input type="checkbox"/>	Contract with trash or solid waste service vendor	<input type="checkbox"/>	<input type="checkbox"/>
Food labeled/ condition	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths, properly stored	<input type="checkbox"/>	<input type="checkbox"/>	Contract with liquid / grease collection service vendor	<input type="checkbox"/>	<input type="checkbox"/>

OBSERVATIONS AND CORRECTIVE ACTIONS

*passed inspection.*  
*Temperatures in Conglia are*  
*reach in 380F*  
*reach in 350F*  
*The packaged Food Items*  
*will fax Current Business*  
*License*  
*FAX # (202) 535-1359*  
*ATTN: Ms. Cave*  
*(202) 535-2455 office*

Person-in-Charge (Signature) *Clair Kitt* (Print) *Clair Kitt* Date *7-7-06*  
 Inspector (Signature) *Sharon Cave* (Print) *Sharon Cave* Badge # *124* Date *7-7-06*

