



Food Establishment Inspection Report

Pursuant to Title 25-A of the District of Columbia Municipal Regulations



Bureau of Community Hygiene • Food Safety & Hygiene Inspection Services Division • 899 North Capitol Street, NE-8th Floor • Washington, DC 20002 • food.safety@dc.gov

Establishment Name: _____
 Address: _____
 City/State/Zip Code: WASHINGTON, DC 20010
 Telephone: _____ E-mail address: _____
 Date of Inspection: 02 / 26 / 2015 Time In: 01 : 32 PM Time Out: 02 : 35 PM
 License Holder: _____
 License/Customer No.: _____
 License Period: 04 / 01 / 2013 - 03 / 23 / 2015 Type of Inspection: Routine

Critical Violations	0	COS	0	R	0
Noncritical Violations	2	COS	0	R	0
Certified Food Protection Manager (CFPM)					
CFPM #: _____					
CFPM Expiration Date: ____ / ____ / ____					
D.C. licensed trash or solid waste contractor: Building: _____					
D.C. licensed sewage & liquid waste transport contractor: n/a					
D.C. licensed pesticide operator/contractor: _____					

Establishment Type: Food Products Risk Category 1 2 3 4 5

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS				
Compliance Status			COS	R
Demonstration of knowledge				
IN	OUT	N/A	1. Correct response to questions	<input type="checkbox"/> <input type="checkbox"/>
Employee Health				
IN	OUT		2 Management awareness; policy present	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		3 Proper use of restriction and exclusion	<input type="checkbox"/> <input type="checkbox"/>
Good Hygienic Practices				
IN	OUT	N/O	4 Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/O	5 No discharge from eyes, nose, and mouth	<input type="checkbox"/> <input type="checkbox"/>
Preventing Contamination by Hands				
IN	OUT	N/O	6 Hands clean and properly washed	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	7 No bare hand contact with ready-to-eat foods or approved	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		8 Adequate handwashing sinks properly supplied and accessible	<input type="checkbox"/> <input type="checkbox"/>
Approved Source				
IN	OUT	N/A	9 Food obtained from approved source	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	10 Food received at proper temperature	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		11 Food in good condition, safe, unadulterated	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	12 Required records available: shellstock tags, parasite destruction	<input type="checkbox"/> <input type="checkbox"/>
Protection from Contamination				
IN	OUT	N/A	13 Food separated and protected	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	14 Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		15 Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/> <input type="checkbox"/>
Potentially Hazardous Food (TCS Food)				
IN	OUT	N/A	16 Proper cooking time and temperatures	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	17 Proper reheating procedures for hot holding	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	18 Proper cooling time & temperatures	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	19 Proper hot holding temperatures	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	20 Proper cold holding temperatures	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	21 Proper date marking & disposition	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	22. Time as a public health control: procedures & records	<input type="checkbox"/> <input type="checkbox"/>
Consumer Advisory				
IN	OUT	N/A	23. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/> <input type="checkbox"/>
Highly Susceptible Populations				
IN	OUT	N/A	24 Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/> <input type="checkbox"/>
Chemical				
IN	OUT	N/A	25 Food additives: approved & properly used	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	N/A	26. Toxic substances properly identified, stored, used	<input type="checkbox"/> <input type="checkbox"/>
Conformance with Approved Procedures				
IN	OUT	N/A	27. Compliance with variance, specialized process, and HACCP plan	<input type="checkbox"/> <input type="checkbox"/>

GOOD RETAIL PRACTICES				
Compliance Status			COS	R
Safe Food and Water				
N	OUT	N/A	28. Pasteurized eggs used where required	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		29. Water & Ice from approved source	<input type="checkbox"/> <input type="checkbox"/>
N	OUT	N/A	30. Variance obtained for specialized processing methods	<input type="checkbox"/> <input type="checkbox"/>
Food Temperature Control				
N	OUT		31. Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/> <input type="checkbox"/>
N	OUT	N/A	32. Plant food properly cooked for hot holding	<input type="checkbox"/> <input type="checkbox"/>
N	OUT	N/A	33. Approved thawing methods used	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		34. Thermometers provided & accurate	<input type="checkbox"/> <input type="checkbox"/>
Food Identification				
N	OUT		35. Food properly labeled; original container	<input type="checkbox"/> <input type="checkbox"/>
Prevention of Food Contamination				
N	OUT		36. Insects, rodents, & animals not present	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		37. Contamination prevented during food preparation, storage, & display	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		38. Personal cleanliness	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		39. Wiping cloths: properly used & stored	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		40. Washing fruits & vegetables	<input type="checkbox"/> <input type="checkbox"/>
Proper Use of Utensils				
N	OUT		41. In-use utensils: properly stored	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		42. Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		43. Single-use/single-service articles: properly stored & used	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		44. Gloves used properly	<input type="checkbox"/> <input type="checkbox"/>
Utensils, Equipment, and Vending				
N	OUT		45. Food and nonfood-contact surfaces cleanable, properly designed, constructed, & used	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		46. Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		47. Nonfood-contact surfaces clean	<input type="checkbox"/> <input type="checkbox"/>
Physical Facilities				
N	OUT		48. Hot & cold water available; adequate pressure	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		49. Plumbing installed; proper backflow devices	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		50. Sewage & waste water properly disposed	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		51. Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		52. Garbage & refuse properly disposed, facilities maintained	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		53. Physical facilities: installed, maintained, & clean	<input type="checkbox"/> <input type="checkbox"/>
N	OUT		54. Adequate ventilation & lighting; designated areas used	<input type="checkbox"/> <input type="checkbox"/>

IN = in compliance OUT = not in compliance N/O = not observed
 N/A = not applicable COS = corrected on-site R = repeat violation

Establishment Name [REDACTED]

Establishment Address [REDACTED]

OBSERVATIONS	25 DCMR	CORRECTIVE ACTIONS
36 - There is no pest service invoice available (CORRECT VIOLATION WITHIN 5 CALENDAR DAYS)	3210 2	The licensee shall maintain a copy of the establishment's professional service contract and service schedule, which documents the following information: (a) Name and address of its licensed pest exterminator / contractor; (b) Frequency of pest extermination services provided under the contract; and (c) Date pest extermination services were last provided to the establishment
36 - Mice droppings and one trapped mice observed (CORRECT VIOLATION WITHIN 5 CALENDAR DAYS)		The presence of insects, rodents, and other pests shall be controlled to minimize their presence on the premises by: (c) Using methods, if pests are found, such as trapping devices or other means of pest control as specified in sections 3402, 3410 and 3411
37 - Prepackaged foods are stored less than six inches above the ground (CORRECT VIOLATION WITHIN 45 CALENDAR DAYS)	816 1	Except as specified in sections 816 2 and 816 3, food shall be protected from contamination by storing the food: (a) In a clean, dry location; (b) Where it is not exposed to splash, dust, or other contamination; and (c) At least fifteen centimeters (15 cm) or six inches (6 in) above the floor

TEMPERATURES

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot Water (Handwashing Sink - toilet room)	102.0F						

Inspector Comments:
 CORRECT ITEMS STATED WITHIN 5-DAYS
 CORRECT ITEMS STATED WITHIN 45-DAYS
 If you have any questions, please call area supervisor Mr. Ronnie Taylor at 202-442-9037.

Person-in-Charge (Signature) [REDACTED] 02/26/2015
Date
(Print)

Inspector (Signature) Douglas Dalier 082
(Print) Badge # 02/26/2015
 Date