

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 **Clothing Store #1**

Address

City/State/Zip Code Washington, DC 20010

Telephone E-mail address

Date of Inspection 04 / 28 / 2015 Time In 10 : 45 AM Time Out 10 : 45 AM

License Holder

License/Customer No.

License Period 03 / 01 / 2014 - 02 / 28 / 2016 Type of Inspection Complaint

Critical Violations	2	COS	0	R	0
Noncritical Violations	1	COS	0	R	0
Certified Food Protection Manager (CFPM)					
CFPM #:					
CFPM Expiration Date: / /					
D.C. licensed trash or solid waste contractor: <u>BUILDING</u>					
D.C. licensed sewage & liquid waste transport contractor: <u>N/A</u>					
D.C. licensed pesticide operator/contractor: <u> </u>					

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	<u>N/A</u>	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	<u>N/O</u>	4 Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/O</u>	5 No discharge from eyes, nose, and mouth	<input type="checkbox"/> <input type="checkbox"/>
Preventing Contamination by Hands				
IN	OUT	<u>N/O</u>	6 Hands clean and properly washed	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u> <u>N/O</u>	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	<u>N/A</u> <u>N/O</u>	9 Food obtained from approved source	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u> <u>N/O</u>	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	<u>N/A</u> <u>N/O</u>	12 Required records available: shellstock tags, parasite destruction	<input type="checkbox"/> <input type="checkbox"/>
Protection from Contamination				
IN	OUT	<u>N/A</u> <u>N/O</u>	13 Food separated and protected	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u>	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	<u>N/A</u> <u>N/O</u>	16 Proper cooking time and temperatures	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u> <u>N/O</u>	17 Proper reheating procedures for hot holding	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u> <u>N/O</u>	18 Proper cooling time & temperatures	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u> <u>N/O</u>	19 Proper hot holding temperatures	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u> <u>N/O</u>	20 Proper cold holding temperatures	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u> <u>N/O</u>	21 Proper date marking & disposition	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u> <u>N/O</u>	22 Time as a public health control: procedures & records	<input type="checkbox"/> <input type="checkbox"/>
Consumer Advisory				
IN	OUT	<u>N/A</u>	23 Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/> <input type="checkbox"/>
Highly Susceptible Populations				
IN	OUT	<u>N/A</u>	24 Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/> <input type="checkbox"/>
Chemical				
IN	OUT	<u>N/A</u>	25 Food additives: approved & properly used	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT	<u>N/A</u>	26 Toxic substances properly identified, stored, used	<input type="checkbox"/> <input type="checkbox"/>
Conformance with Approved Procedures				
IN	OUT	<u>N/A</u>	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	<u>N/A</u>	28.Pasteurized eggs used where required	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		29.Water & Ice from approved source	<input type="checkbox"/> <input type="checkbox"/>
N	OUT	<u>N/A</u>	30.Variance obtained for specialized processing methods	<input type="checkbox"/> <input type="checkbox"/>
Food Temperature Control				
IN	OUT		31.Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/> <input type="checkbox"/>
N	OUT	<u>N/A</u> <u>N/O</u>	32.Plant food properly cooked for hot holding	<input type="checkbox"/> <input type="checkbox"/>
N	OUT	<u>N/A</u> <u>N/O</u>	33.Approved thawing methods used	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		34.Thermometers provided & accurate	<input type="checkbox"/> <input type="checkbox"/>
Food Identification				
IN	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"/>
IN	OUT		37.Contamination prevented during food preparation, storage, & display	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		38.Personal cleanliness	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		39.Wiping cloths: properly used & stored	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		40.Washing fruits & vegetables	<input type="checkbox"/> <input type="checkbox"/>
Proper Use of Utensils				
IN	OUT		41.In-use utensils: properly stored	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		42.Utensils, equipment & linens: properly stored, dried, & handled	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		43.Single-use/single-service articles: properly stored & used	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		44.Gloves used properly	<input type="checkbox"/> <input type="checkbox"/>
Utensils, Equipment, and Vending				
IN	OUT		45.Food and nonfood-contact surfaces cleanable, properly designed, constructed, & used	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		46.Warewashing facilities: installed, maintained, & used; test strips	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		47.Nonfood-contact surfaces clean	<input type="checkbox"/> <input type="checkbox"/>
Physical Facilities				
IN	OUT		48.Hot & cold water available; adequate pressure	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		49.Plumbing installed; proper backflow devices	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		50.Sewage & waste water properly disposed	<input type="checkbox"/> <input type="checkbox"/>
IN	OUT		51.Toilet facilities: properly constructed, supplied, & cleaned	<input type="checkbox"/> <input type="checkbox"/>
IN	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"/>
IN	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 - Rodent droppings and gnawed food product bags observed at areas where food products are sold	3210 1	The premises shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to minimize their presence on the premises by: (a) Routinely inspecting incoming shipments of food and supplies; (b) Routinely inspecting the premises for evidence of pests; (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; and (d) Eliminating harborage conditions
53 - Cracks and holes observed throughout the walls of the receiving/storage area of establishment	3200 1	The physical facilities shall be maintained in good repair

TEMPERATURES							
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot Water (Handwashing Sink)	105.0F						

Inspector Comments:
SUMMARY SUSPENSION: IN ORDER FOR LICENSE TO BE RESTORED, A RE-INSPECTION FEE OF \$100 [DURING NORMAL BUSINESS HOURS] OR \$400 [DURING NON-BUSINESS HOURS] MUST BE PAID PRIOR TO REQUEST AND ALL VIOLATIONS MUST BE ABATED AND APPROVED BY THE DC DOH.
NOTE: AFTER CORRECTING ALL VIOLATIONS, PLEASE HAVE PEST CONTROL SERVICE ESTABLISHMENT AND PROVIDE THE INVOICE/SERVICE REPORT AT THE RESTORATION INSPECTION.
IF YOU HAVE ANY QUESTIONS, CONTACT AREA SUPERVISOR MR. TAYLOR AT (202)442-9037.

Person-in-Charge (Signature) [REDACTED] (Print) [REDACTED] Date 04/28/2015

Inspector (Signature) Jaime Hernandez (Print) Badge # 607 Date 04/28/2015