

Health Regulation & Licensing Administration • Office of Food, Drug, Radiation, and Community Hygiene • 2201 Shannon Place, SE - 2nd Floor • Washington, DC 20020
http://doh.dc.gov/service/food-safety email: food.safety@dc.gov

Establishment Name JAM DOUNG STYLE

Address 1724 NORTH CAPITOL ST NW

City/State/Zip Code WASHINGTON, DC 20002

Telephone (202) 483-2445 E-mail address p2705191@yahoo.com

Date of Inspection 09 / 11 / 2024 Time In 05 : 10 PM Time Out 05 : 22 PM

License Holder Jam Doung Style

License/Customer No. 09313xxxx-12000055

License Period 01 / 01 / 2021 - 12 / 31 / 2024 Type of Inspection Follow-up

Establishment Type: Restaurant Total Risk Category 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Priority Violations	0	COS	0	R	0
Priority Foundation Violations	0	COS	0	R	0
Core Violations	0	COS	0	R	0
Certified Food Protection Manager (CFPM) JANET STEDMAN					
CFPM #: <u>FS-99479</u>					
CFPM Expiration Date: <u>05/21/2025</u>					
D.C. licensed trash or solid waste contractor: Republic					
D.C. licensed sewage & liquid waste transport contractor: Mahoney					
D.C. licensed pesticide operator/contractor: American Pest					
D.C. licensed ventilation hood system cleaning contractor: U.S filters					

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS				
Compliance Status		Supervision		
		COS	R	
IN	OUT	1. Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	2. Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				
IN	OUT	3. Management, food employee, and conditional employee; knowledge, responsibilities, and reporting	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	4. Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	5. Procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				
IN	OUT	6. Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	7. No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination				
IN	OUT	8. Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	9. No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	10. Adequate handwashing sinks properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				
IN	OUT	11. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	12. Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	13. Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	14. Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination				
IN	OUT	15. Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	16. Food-contact surfaces: cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	17. Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food (Time/Temperature Control for Safety Food)				
IN	OUT	18. Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	19. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	20. Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	21. Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	22. Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	23. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	24. Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory				
IN	OUT	25. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations				
IN	OUT	26. Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
Chemical				
IN	OUT	27. Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	28. Toxic substances properly identified, stored, and used	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures				
IN	OUT	29. Compliance with variance, specialized process, and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES				
Compliance Status		Safe Food and Water		
		COS	R	
IN	OUT	30. Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	31. Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	32. Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				
IN	OUT	33. Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	34. Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	35. Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	36. Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				
IN	OUT	37. Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				
IN	OUT	38. Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	39. Contamination prevented during food preparation, storage, and display	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	40. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	41. Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	42. Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils				
IN	OUT	43. In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	44. Utensils, equipment and linens: properly stored, dried, and handled	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	45. Single-use/single-service articles: properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	46. Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
Utensils, Equipment, and Vending				
IN	OUT	47. Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	48. Warewashing facilities: installed, maintained, and used; test strips	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	49. Nonfood-contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities				
IN	OUT	50. Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	51. Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	52. Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	53. Toilet facilities: properly constructed, supplied, and cleaned	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	54. Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	55. Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	56. Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>

IN = in compliance
N/A = not applicableOUT = not in compliance
COS = corrected on-siteN/O = not observed
R = repeat violation

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OBSERVATIONS		25 DCMR		CORRECTIVE ACTIONS			
TEMPERATURES							
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot Water (Handwashing Sink)	102.0F	Hot Water (3-compartment sink)	110.0F				
Inspector Comments: 5 calendar-days notice are corrected from the previous inspection cited on 08/28/2024. 25-A DCMR 2605.1 If you have any question, please contact the area supervisory sanitarian at food.safety@dc.gov DC Health does not assign a grade, percentage, or rating for establishment inspection reports. We perform a pass-fail inspection. The amount of Priority, Priority Foundation, and Core violations are tallied at the top of each inspection report. DC Health also performs follow up inspections to ensure the violations which were cited on the initial report have been corrected. To view an establishment's inspection report, follow this link: https://dc.healthinspections.us .							
<div></div> Person-in-Charge (Signature)		Janet Stedman (Print)			09/11/2024 Date		
<div></div> Inspector (Signature)		Afework Berga (Print)		635 Badge #		09/11/2024 Date	