

# Food Establishment Inspection Report



Wichita Falls - Wichita County  
Public Health District  
1700 Third Street  
Wichita Falls, TX 76301  
940-761-7800

**SITE NO.** 747    **INV NO.** 1    **IR NO.**    **DATE** 08/31/2011    **INSPECTION TIME**    **INSPECTOR** O'Neal, Robbie

**SITE INFORMATION**  
BEN FRANKLIN ELEMENTARY  
2112 SPEEDWAY AVE  
WICHITA FALLS TX 76308  
940-235-1156

**INVENTORY/MANAGER**  
Process 3 - Exempt

**SERVICE TYPE/FREQUENCY**  
Permit Inspection  
Permit Granted  
Inspected 2 Times per Year

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**Violations:    Critical - 1    Non-Critical - 1    Score: 97**

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### CRITICAL VIOLATIONS SUMMARY

<u>CODE</u>	<u>DESCRIPTION</u>	<u>POINTS</u>	<u>CORRECTED</u>
17	Handwash Facilities with Soap & Towels	3	_____

### NON-CRITICAL VIOLATIONS SUMMARY

<u>CODE</u>	<u>DESCRIPTION</u>	<u>POINTS</u>	<u>CORRECTED</u>
28	OTHER VIOLATIONS	0	_____

### CRITICAL VIOLATIONS DETAIL

<u>CODE</u>	<u>DESCRIPTION</u>
17	Texas Food Establishment Rules  Page 122 §229.167 (e) Handwashing facilities. (1) Minimum number. Handwashing facilities shall be provided as specified under §229.166(g)(1) of this title.  (2) Handwashing cleanser, availability. Each handwashing lavatory or group of 2 adjacent lavatories shall be provided with a supply of hand cleaning liquid, powder, or bar soap.  (3) Hand drying provision. Each handwashing lavatory or group of adjacent lavatories shall be provided with:

<b>CODE</b>	<b>DESCRIPTION</b>
	(A) individual, disposable towels; (B) a continuous towel system that supplies the user with a clean towel; or (C) a heated-air hand drying device.
To Wit:	No hand drying provisions were available at the handwash facilities in the food preparation area.
To Correct:	Hand drying provisions must be available at the handwash facilities in the food preparation area. Corrections must be made immediately.

### **NON-CRITICAL VIOLATIONS DETAIL**

<b>CODE</b>	<b>DESCRIPTION</b>
28	Texas Food Establishment Rules
	OTHER VIOLATIONS- REQUIRE CORRECTIVE ACTION , NOT TO EXCEED 90 DAYS OR NEXT INSPECTION, WHICHEVER COMES FIRST.
To Wit:	the kitchen floor needs to be resealed

**I HEREBY, ACKNOWLEDGE THE ISSUANCE AND RECEIPT OF THIS OFFICIAL Food Establishment Inspection Report.**

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**Robbie O'Neal, Public Health Officer**

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**OWNER / MANAGER SIGNATURE**

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**OWNER / MANAGER PRINT NAME**