

# Food Establishment Inspection Report



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

SITE NO.	INV NO.	IR NO.	DATE	INSPECTION TIME	INSPECTOR
5086	1		08/01/2011		Railsback, Brian

SITE INFORMATION	INVENTORY/MANAGER	SERVICE TYPE/FREQUENCY
BUILDING BLOCKS LEARNING CENTER 4714 JACKSBORO HWY WICHITA FALLS TX 76302 940-767-2500 Fax 940-767-2500	Process 2	Permit Inspection Permit Granted Inspected 3 Times per Year

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

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## CRITICAL VIOLATIONS SUMMARY

<u>CODE</u>	<u>DESCRIPTION</u>	<u>POINTS</u>	<u>CORRECTED</u>
24	Thermometers Provided/Accurate/Properly Calibrated +/- 2 F	3	_____

## CRITICAL VIOLATIONS DETAIL

<u>CODE</u>	<u>DESCRIPTION</u>
24	<p>Texas Food Establishment Rules</p> <p>Page 77 §229.165(e) (e) Accuracy of temperature measuring devices, food. (1) Temperature measuring device, food. (A) Food temperature measuring device that are scaled only in Celsius or dually scaled in Celsius and Fahrenheit shall be accurate to <math>\pm 1</math> degrees Celsius in the intended range of use. (B) Food temperature measuring device that are scaled only in Fahrenheit shall be accurate to <math>\pm 2</math> degrees Fahrenheit in the intended range of use. (2) Temperature measuring devices, ambient air and water. #24 78 §229.165(e) §229.165(f) (A) Ambient air and water temperature measuring device that are scaled in Celsius or dually scaled in Celsius and Fahrenheit shall be designed to be easily readable and accurate to <math>\pm 1.5</math> degrees Celsius in the intended range of use. (B) Ambient air and water temperature measuring device that are scaled only in Fahrenheit shall be accurate to <math>\pm 3</math> degrees Fahrenheit in the intended range of use.</p>

**CODE**            **DESCRIPTION**

To Wit:            The reachin freezer in the kitchen did not have a readily available and visible thermometer.

To Correct:        The reachin freezer in the kitchen must have a readily available and visible thermometer.  
Corrections must be made within 7 days.

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

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**Brian Railsback, Public Health Officer**

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**OWNER / MANAGER SIGNATURE**

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**OWNER / MANAGER PRINT NAME**