

# Food Establishment Inspection Report



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

**SITE NO.** 542    **INV NO.** 1    **IR NO.**    **DATE** 09/14/2011    **INSPECTION TIME**    **INSPECTOR** O'Neal, Robbie

**SITE INFORMATION**  
CATHOLIC STUDENT CENTER  
3410 W CAMPUS DR  
WICHITA FALLS TX 76308  
940-692-9778

**INVENTORY/MANAGER**  
Process 2 - Exempt

**SERVICE TYPE/FREQUENCY**  
Inspection- Regular  
Inspected 3 Times per Year

Scheduled calender inspections.

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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	_____

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### CRITICAL VIOLATIONS DETAIL

<u>CODE</u>	<u>DESCRIPTION</u>
24	Texas Food Establishment Rules  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 ±1 degrees Celsius in the intended range of use. (B) Food temperature measuring device that are scaled only in Fahrenheit shall be accurate to ±2 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 ±1.5 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 ±3 degrees Fahrenheit in the intended range of use.

**CODE**                    **DESCRIPTION**

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

To Correct:              The reachin refrigerator 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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**Robbie O'Neal, Public Health Officer**

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**OWNER / MANAGER SIGNATURE**

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**OWNER / MANAGER PRINT NAME**