

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
3300	1		05/22/2010		O'Neal, Robbie

SITE INFORMATION

EL FARAYON
410 N SCOTT
WICHITA FALLS TX 76301
940-767-8765

INVENTORY/MANAGER

Process I

SERVICE TYPE/FREQUENCY

Inspection- Regular
two Inspection per Year

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

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	<p>Texas Food Establishment Rules</p> <p>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.</p> <p>(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.</p> <p>(3) Hand drying provision. Each handwashing lavatory or group of adjacent lavatories shall be provided with:</p>

CODE **DESCRIPTION**

(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 men's restroom.

To Correct: Hand drying provisions must be available at the handwash facilities in the men's restroom.
 Corrections must be made immediately.

NON-CRITICAL VIOLATIONS DETAIL**CODE** **DESCRIPTION**

28 Texas Food Establishment Rules

OTHER VIOLATIONS- REQUIRE CORRECTIVE ACTION , NOT TO EXCEED 90 DAYS
 OR NEXT INSPECTION, WHICHEVER COMES FIRST.

To Wit: need to repair floor tile in restrooms

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

Robbie O'Neal, Public Health Inspector II

OWNER / MANAGER SIGNATURE

OWNER / MANAGER PRINT NAME