

Food Establishment Inspection Report



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

SITE NO. 743 **INV NO.** 1 **IR NO.** **DATE** 02/14/2011 **INSPECTION TIME** **INSPECTOR** Baxter, Mike

SITE INFORMATION
FOWLER ELEMENTARY
5100 RIDGECREST DR
WICHITA FALLS TX 76310
940-720-3052

INVENTORY/MANAGER
Process 3 - Exempt

SERVICE TYPE/FREQUENCY
Inspection- Regular
Inspected 2 Times per Year

Scheduled calender inspections.

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	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:

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 towels at hand wash sink

To Correct: Need to have hand towels at the hand wash sink . Was advised they are ordered but have not arrived yet.

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: damaged ceiling tiles in dry storage area.

To Correct: The damaged ceiling tile is to be replaced.

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

Mike Baxter, Public Health Officer

OWNER / MANAGER SIGNATURE

OWNER / MANAGER PRINT NAME