

**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
6604	1		12/01/2011		O'Neal, Robbie

SITE INFORMATION	INVENTORY/MANAGER	SERVICE TYPE/FREQUENCY
INTERNATIONAL GROCERS 4520 SOUTHWEST PKWY # D WICHITA FALLS TX 76308 940-613-3316	Process 1	Inspection- Regular Inspected 2 Times per Year

Scheduled calendar 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	_____

**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 chest/coffin freezer in the storage room did not have a readily available and visible thermometer.

To Correct:              The chest/coffin freezer in the storage room 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**