

# Inspection Checklist



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

4705-16F-4  
 SUNRISE OPTIMIST CLUB G.S.A.  
 P O BOX 4666  
 WICHITA FALLS TX 76308  
 Process 2

Inspection- Regular

| In | Out | N/O | N/A | Pts | Violation Description   |
|----|-----|-----|-----|-----|---|
|    |     | X   |     | 5   | 1 Proper Cooling of Cooked/Prepared Foods                       |
| X  |     |     |     | 5   | 2 Cold Hold (41/45 degrees F)                                   |
|    |     | X   |     | 5   | 3 Hot Hold (135 °F)   |
|    |     | X   |     | 5   | 4 Proper Cooking Temperatures per PHF                           |
|    |     | X   |     | 5   | 5 Rapid Reheating for Hot Holding                               |
| X  |     |     |     | 4   | 6 Personnel with Infections Restricted/Excluded                 |
| X  |     |     |     | 4   | 7 Proper/Adequate Handwashing                                   |
| X  |     |     |     | 4   | 8 Good Hygienic Practices (Eating/Drinking/Smoking/Other)       |
| X  |     |     |     | 4   | 9 Approved Source/Labeling                                      |
| X  |     |     |     | 4   | 10 Sound Condition  |
| X  |     |     |     | 4   | 11 Proper Handling of Ready-To-Eat Foods                        |
| X  |     |     |     | 4   | 12 Cross-Contamination of Raw/Cooked Foods/Other                |
| X  |     |     |     | 4   | 13 Approved Systems (Time as Public Hlth Control/HACCP Plan)    |
| X  |     |     |     | 4   | 14 Water Supply - Approved/Adequate/Hot & Cold Under Pressure   |
| X  |     |     |     | 3   | 15 Equipment Adequate to Maintain Product Temperature           |
| X  |     |     |     | 3   | 16 Handwash Facilities Adequate & Access                        |
| X  |     |     |     | 3   | 17 Handwash Facilities with Soap & Towels                       |
| X  |     |     |     | 3   | 18 No Evidence of Insect Contamination                          |
| X  |     |     |     | 3   | 19 No Evidence of Rodents/Other Animals                         |
|    | X   |     |     | 3   | 20 Toxic Items Properly Labeled/Stored/Used                     |
| X  |     |     |     | 3   | 21 Manual/Mechanical Warewashing & Sanitizing @ ___ ppm/Temp.   |
| X  |     |     |     | 3   | 22 Manager Demonstration of knowledge/Food Handlers Certificate |
| X  |     |     |     | 3   | 23 Approved sewage  |
| X  |     |     |     | 3   | 24 Thermometers Provided/Accurate/Properly Calibrated +/- 2 F   |
| X  |     |     |     | 3   | 25 Food Contact Surfaces-Cleaned/Sanitized/Good Repair/Storage  |
| X  |     |     |     | 3   | 26 Posting Consumer Advisories- Heimlich/Raw Shellfish/Buffer   |
| X  |     |     |     | 3   | 27 Food Establishment Permit                                    |

| Critical | Non-Critical | Score |
|----------|--------------|-------|
| 1        | 1            | 97    |

Suzanne McKenzie, PUBLIC HEALTH OFFICER

OWNER / MANAGER