

**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
34	2		08/04/2011		Railsback, Brian

SITE INFORMATION	INVENTORY/MANAGER	SERVICE TYPE/FREQUENCY
UNITED #516 4516 JACKSBORO HWY WICHITA FALLS TX 76302 940-767-3661 Fax 806-791-6342	Bakery	Permit Inspection Permit Granted Inspected 2 Times per Year

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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>
18	No Evidence of Insect Contamination	3	_____

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**CRITICAL VIOLATIONS DETAIL**

<u>CODE</u>	<u>DESCRIPTION</u>
18	<p>Texas Food Establishment Rules</p> <p>Pages 126            229.167(p)(11) &amp; (12)            (11) Controlling pests. The presence of insects, rodents, and other pests shall be controlled to minimize their presence within the physical facility and its contents, and on the contiguous land or property under the control of the permit holder by:            (A) routinely inspecting incoming shipments of food and supplies;            (B) routinely inspecting the premises for evidence of pests;            (C) using methods, if pests are found, such as trapping devices or other means of pest control as specified under §§229.168(d)(2), (h)(2), and (h)(3)(A) of this title (relating to Poisonous or Toxic Materials); and            (D) eliminating harborage conditions.</p> <p>(12) Removing dead or trapped birds, insects, rodents, and other pests. Dead or trapped birds, insects, rodents, and other pests shall be removed from control devices and the premises at a frequency that prevents their accumulation, decomposition, or the attraction of pests.</p>

To Wit: Gnats were observed in or around the storage room.

To Correct: Gnats must be controlled and prevented access in or around the Storage room .

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

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Brian Railsback, Public Health Officer

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OWNER / MANAGER SIGNATURE

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OWNER / MANAGER PRINT NAME