

# Food Establishment Inspection Report



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

**SITE NO.** 375    **INV NO.** 1    **IR NO.**    **DATE** 05/02/2011    **INSPECTION TIME**    **INSPECTOR** Railsback, Brian

**SITE INFORMATION**

7-ELEVEN #214  
2012 GRANT  
WICHITA FALLS TX 76309

**INVENTORY/MANAGER**

Process 1

**SERVICE TYPE/FREQUENCY**

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>
27	Food Establishment Permit	3	_____

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**CRITICAL VIOLATIONS DETAIL**

**CODE**                      **DESCRIPTION**

27                              Texas Food Establishment Rules

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229.171(f) & (g)

A person may not operate a food establishment without a valid health permit to operate. The permit is not valid without a valid Certificate of Occupancy issued by the Wichita Falls/ Wichita County Public Health District. The permit holder will:

- 1) post the permit at a location in the food establishment that is conspicuous to consumers
- 2) immediately discontinue operations and notify the Environmental Health Division at 940-761-7820 if an imminent health hazard exists
- 3) replace/upgrade existing facilities and equipment in accordance with TFER guidelines
- 4) comply with directives of the regulatory authorities including time frames for corrective actions
- 5) other provisions of the TFER

The permit holder shall designate a person in charge and shall ensure that a person in charge is present at the food establishment during all hours of operation.

All food service employees shall attend a food handler class and shall obtain a food handler's certificate.

To Wit:                      Your employee's Food Manager's Training Certificate is expired.

**CODE**            **DESCRIPTION**

To Correct:      Your employee's Food Manager's Certificate must be renewed by attending a Texas Department of Health Certified Food Manager's Training. 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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**Brian Railsback, Public Health Officer**

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**OWNER / MANAGER SIGNATURE**

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**OWNER / MANAGER PRINT NAME**