

# Food Establishment Inspection Report



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

**SITE NO.** 5630    **INV NO.** 1    **IR NO.**    **DATE** 06/04/2010    **INSPECTION TIME**    **INSPECTOR** Railsback, Brian

**SITE INFORMATION**  
DELIGHTFUL DONUTS  
3705 SHEPPARD ACCESS RD # B  
WICHITA FALLS TX 76306  
940-851-7777

**INVENTORY/MANAGER**  
Process 2

**SERVICE TYPE/FREQUENCY**  
Inspection- Regular  
Inspected 3 Times per Year

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**Violations:    Critical - 2    Non-Critical - 3    Score: 94**

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### CRITICAL VIOLATIONS SUMMARY

<u>CODE</u>	<u>DESCRIPTION</u>	<u>POINTS</u>	<u>CORRECTED</u>
17	Handwash Facilities with Soap & Towels	3	06/04/2010
25	Food Contact Surfaces-Cleaned/Sanitized/Good Repair/Storage	3	_____

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### NON-CRITICAL VIOLATIONS SUMMARY

<u>CODE</u>	<u>DESCRIPTION</u>	<u>POINTS</u>	<u>CORRECTED</u>
28	OTHER VIOLATIONS	0	_____
28	OTHER VIOLATIONS	0	_____
28	OTHER VIOLATIONS	0	_____

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### 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

**CODE**            **DESCRIPTION**

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:

- (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 drying provisions were available at the handwash facilities in the restroom.  
(Corrected 06/04/10)

To Correct:       Hand drying provisions must be available at the handwash facilities in the restroom.  
Corrections must be made immediately.

25                   Texas Food Establishment Rules

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§229.165(d)

(d) Cleanability.

(1) Food-contact surfaces. Multiuse food-contact surfaces shall be:

- (A) smooth;
- (B) free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections;
- (C) free of sharp internal angles, corners, and crevices;
- (D) finished to have smooth welds and joints; and
- (E) except as specified in subparagraph (B) of this paragraph, accessible for cleaning and inspection by one of the following methods:
  - (i) without being disassembled;
  - (ii) by disassembling without the use of tools; or
  - (iii) by easy disassembling with the use of handheld tools commonly available to maintenance and cleaning personnel such as screwdrivers, pliers, and wrenches.

(2) Paragraph (5) of this subsection does not apply to cooking oil storage tanks, distribution lines for cooking oils, or beverage syrup lines or tubes.

(3) Cleaned in place (CIP) equipment.

(A) CIP equipment shall meet the characteristics specified under paragraph (1) of this subsection and shall be designed and constructed so that:

- (i) cleaning and sanitizing solutions circulate throughout a fixed system and contact all interior food-contact surfaces; and
- (ii) the system is self-draining or capable of being completely drained of cleaning and sanitizing solutions; and

To Wit:            The Donut topping containers located in the kitchen has adhering food or food particles.

To Correct:       The Donut topping containers located in the kitchen must be properly washed, rinsed and sanitized and free of food or food particles. Corrections must be made immediately.

**NON-CRITICAL VIOLATIONS DETAIL**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>
28	OTHER VIOLATIONS- REQUIRE CORRECTIVE ACTION , NOT TO EXCEED 90 DAYS OR NEXT INSPECTION, WHICHEVER COMES FIRST.
To Wit:	Clean floors under tables and equipment in kitchen
To Wit:	Clean walls in kitchen
To Wit:	Clean Handwash sink in kitchen area

**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**