

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 |
|----------|---------|--------|------------|-----------------|------------------|
| 6555 | 2 | | 10/19/2011 | | Railsback, Brian |

| SITE INFORMATION | INVENTORY/MANAGER | SERVICE TYPE/FREQUENCY |
|--|-------------------|---|
| JJ'S FASTOP #260 4202 KELL BLVD WICHITA FALLS TX 76309 940-691-7534 | Deli | Permit Inspection Permit Granted Inspected 2 Times per Year |

Violations: Critical - 1 Score: 97

CRITICAL VIOLATIONS SUMMARY

| <u>CODE</u> | <u>DESCRIPTION</u> | <u>POINTS</u> | <u>CORRECTED</u> |
|-------------|--|---------------|------------------|
| 17 | Handwash Facilities with Soap & Towels | 3 | _____ |

CRITICAL VIOLATIONS DETAIL

| <u>CODE</u> | <u>DESCRIPTION</u> |
|-------------|---|
| 17 | <p>Texas Food Establishment Rules</p> <p>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.</p> <p>(2) Handwashing cleanser, availability. Each handwashing lavatory or group of 2 adjacent lavatories shall be provided with a supply of hand cleaning liquid, powder, or bar soap.</p> <p>(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.</p> |

To Wit: No hand cleaning material, i.e., liquid, powder or bar soap, is available at the handwash facilities in the dishwash machine area.

To Correct: Hand cleaning material, i.e., liquid, powder or bar soap, must be available at the handwash

CODE

DESCRIPTION

facilities in the dishwash machine area. Corrections must be made immediately.

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

Brian Railsback, Public Health Officer

OWNER / MANAGER SIGNATURE

OWNER / MANAGER PRINT NAME