

# Food Establishment Inspection Report



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

**SITE NO.** 202    **INV NO.** 1    **IR NO.**    **DATE** 01/17/2011    **INSPECTION TIME**    **INSPECTOR** Railsback, Brian

**SITE INFORMATION**  
SCOTT'S DRIVE IN  
4701 JACKSBORO  
WICHITA FALLS TX 76302  
940-767-2921

**INVENTORY/MANAGER**  
Process 2  
ANTHONY SCOTT

**SERVICE TYPE/FREQUENCY**  
Permit Inspection  
Permit Granted  
Inspected 3 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>
17	Handwash Facilities with Soap & Towels	3	01/17/2011

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## 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 kitchen. (Corrected 01/17/11)

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

**CODE**                    **DESCRIPTION**

facilities in the kitchen. Corrections must be made immediately.

To Wit:                    No hand drying provisions were available at the handwash facilities in the kitchen.  
(Corrected 01/17/11)

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

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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**