

Food Establishment Inspection Report



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

SITE NO. 121 **INV NO.** 1 **IR NO.** **DATE** 01/11/2011 **INSPECTION TIME** **INSPECTOR** O'Neal, Robbie

SITE INFORMATION WHATABURGER #384 3404 MCNEIL WICHITA FALLS TX 76308 940-696-2201	INVENTORY/MANAGER Process 2 LINDA BULLARD	SERVICE TYPE/FREQUENCY Inspection- Regular Inspected 3 Times per Year
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Scheduled calender inspections.

Violations: Critical - 1 Non-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	_____

NON-CRITICAL VIOLATIONS SUMMARY

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

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 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:

CODE	DESCRIPTION
	(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 food service/dispensing area.
To Correct:	Hand drying provisions must be available at the handwash facilities in the food service/dispensing area. Corrections must be made immediately.

NON-CRITICAL VIOLATIONS DETAIL

CODE	DESCRIPTION
28	Texas Food Establishment Rules
	OTHER VIOLATIONS- REQUIRE CORRECTIVE ACTION , NOT TO EXCEED 90 DAYS OR NEXT INSPECTION, WHICHEVER COMES FIRST.
To Wit:	must bring online food handlers to office / pay 20,00 get card with picture

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

Robbie O'Neal, Public Health Officer

OWNER / MANAGER SIGNATURE

OWNER / MANAGER PRINT NAME