

# Food Establishment Inspection Report



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

**SITE NO.** 666    **INV NO.** 1    **IR NO.**    **DATE** 04/07/2011    **INSPECTION TIME**    **INSPECTOR** Railsback, Brian

**SITE INFORMATION**

WHATABURGER #491  
920 RED RIVER EXP  
BURKBURNETT TX 76354  
940-569-1419 Fax 361-851-5446

**INVENTORY/MANAGER**

Process 2  
ROBBIE WILLIAMS

**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**

| <b><u>CODE</u></b> | <b><u>DESCRIPTION</u></b>              | <b><u>POINTS</u></b> | <b><u>CORRECTED</u></b> |
|--------------------|--|----------------------|-------------------------|
| 17                 | Handwash Facilities with Soap & Towels | 3                    | 04/07/2011              |

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**CRITICAL VIOLATIONS DETAIL**

| <b><u>CODE</u></b> | <b><u>DESCRIPTION</u></b>   |
|--------------------|---|
| 17                 | <p>Texas Food Establishment Rules</p> <p>Page 122<br/>§229.167<br/>(e) Handwashing facilities.<br/>(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:<br/>(A) individual, disposable towels;<br/>(B) a continuous towel system that supplies the user with a clean towel; or<br/>(C) a heated-air hand drying device.</p> |

To Wit: No hand drying provisions were available at the handwash facilities in the kitchen. (Corrected 04/07/11)

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

**CODE**            **DESCRIPTION**

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**