



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 1400 TIME OUT 1610
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BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: **Sonic Drive In** OWNER: **Jake Stauffer, R.B. Grisham** PERSON IN CHARGE: **Steve McCoy**
 ADDRESS: **910 N Douglass** COUNTY: **069**
 CITY/ZIP: **Malden, MO 63863** PHONE: **573-276-3155** FAX: _____ P.H. PRIORITY: H M L
 ESTABLISHMENT TYPE: BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP.FOOD
 PURPOSE: Pre-opening Routine Follow-up Complaint Other
 FROZEN DESSERT: Approved Disapproved SEWAGE DISPOSAL: PUBLIC PRIVATE WATER SUPPLY: COMMUNITY NON-COMMUNITY PRIVATE
 License No. **069-14591** Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| Compliance | Demonstration of Knowledge | COS | R | Compliance | Potentially Hazardous Foods | COS | R |
|--|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | IN <input checked="" type="checkbox"/> N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | IN OUT <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | IN OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | <input checked="" type="checkbox"/> OUT N/O N/A | Pasteurized foods used, prohibited foods not offered | | |
| | Approved Source | | | | Chemical | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input checked="" type="checkbox"/> OUT N/A | Food additives: approved and properly used | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> OUT | Toxic substances properly identified, stored and used | | |
| IN <input checked="" type="checkbox"/> N/A | Food in good condition, safe and unadulterated | | | | Conformance with Approved Procedures | | |
| IN OUT N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | IN OUT <input checked="" type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| | Protection from Contamination | | | | | | |
| IN <input checked="" type="checkbox"/> N/A | Food separated and protected | | | | | | |
| IN <input checked="" type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

The letter to the left of each item indicates that item's status at the time of the inspection.
 IN = in compliance OUT = not in compliance
 N/A = not applicable N/O = not observed

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN | OUT | Safe Food and Water | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
|-------------------------------------|-------------------------------------|---|-----|---|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/> | | Pasteurized eggs used where required | | | <input checked="" type="checkbox"/> | | In-use utensils: properly stored | | |
| <input checked="" type="checkbox"/> | | Water and ice from approved source | | | <input checked="" type="checkbox"/> | | Utensils, equipment and linens: properly stored, dried, handled | | |
| | | Food Temperature Control | | | <input checked="" type="checkbox"/> | | Single-use/single-service articles: properly stored, used | | |
| <input checked="" type="checkbox"/> | | Adequate equipment for temperature control | | | <input checked="" type="checkbox"/> | | Gloves used properly | | |
| <input checked="" type="checkbox"/> | | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| <input checked="" type="checkbox"/> | | Thermometers provided and accurate | | | <input checked="" type="checkbox"/> | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | <input checked="" type="checkbox"/> | | Warewashing facilities: installed, maintained, used; test strips used | | |
| <input checked="" type="checkbox"/> | | Food properly labeled; original container | | | <input checked="" type="checkbox"/> | | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | | | Physical Facilities | | |
| <input checked="" type="checkbox"/> | | Insects, rodents, and animals not present | | | <input checked="" type="checkbox"/> | | Hot and cold water available; adequate pressure | | |
| | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage and display | | | | | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | | Sewage and wastewater properly disposed | | |
| <input checked="" type="checkbox"/> | | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | | Toilet facilities: properly constructed, supplied, cleaned | | |
| <input checked="" type="checkbox"/> | | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input checked="" type="checkbox"/> | | Physical facilities installed, maintained, and clean | | |

Person in Charge / Title: **Steve McCoy** Date: **05/13/2019**
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647**
 Follow-up: Yes No
 Follow-up Date: **06/13/2019**

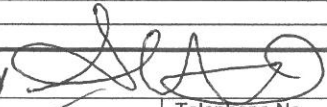
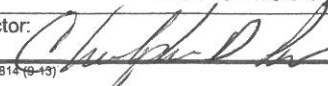


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| TIME IN 1400 | TIME OUT 1610 |
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|--------------------------------------|---|---------------------------|------------------------|------------------------------|-------------------|---------|
| ESTABLISHMENT NAME Sonic Drive In | | ADDRESS 910 N Douglass | | CITY/ZIP Malden, MO 63863 | | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F | |
| Walk In Cooler | | 35 | Bacon | | 208 | |
| Ice Cream Left | | 35 | Walk in Freezer | | 10 | |
| Ice Cream Right | | 34 | Chili | | 172 | |
| Deli Cooler | | 40-55 | Tomatoes/Deli Cooler | | 55 | |
| Tator tots | | 141 | Traulsen Freezer | | -1 | |
| PRIORITY ITEMS | | | | | | |
| Code Reference | Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | | | | Correct by (date) | Initial |
| 3-302.11A4 | Food uncover in Traulsen freezer, with the risk of contamination | | | | 05/16/2019 | SM |
| 3-501.16b | Tomatoes in Prep Cooler showing temp of 55 degrees, voluntarily discarded, shall be 41 degrees or below | | | | 05/16/2019 | SM |
| 5-205.12 | Hose connected to water supply and laying below flood line basin in mop sink, creating the potential for a cross connection | | | | 05/16/2019 | SM |
| 7-204.11 | Sanitizer to week, showing 100 parts per million, should be between 200 and 400 parts per million | | | | 05/16/2019 | SM |
| 4-601.11A | Vent hood soiled with grease and debris, creating the potential for contamination to food | | | | 05/16/2019 | SM |
| 4-202.11 | Dough Knife handles melted, cracked and unable to keep clean, replace | | | | 05/16/2019 | SM |
| CORE ITEMS | | | | | | |
| Code Reference | Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. | | | | Correct by (date) | Initial |
| 4-601.11c | Multiple coolers and freezers soiled with food and debris, clean and sanitize | | | | 06/13/2019 | SM |
| 3-305.11 | Onions stored on floor in walk in cooler, must be at least 6 inches off the floor | | | | 06/13/2019 | SM |
| 6-202.15 | Repeat: Back Door and outside restroom access door not closing completely or has gap under door, allowing flies and other insects to enter readily into back food prep area, must keep outer opening protected to help prevent insect entry and food contamination | | | | 06/13/2019 | SM |
| 6-501.11 | Missing several pieces of coving throughout kitchen area, must maintain in good repair | | | | 06/13/2019 | SM |
| 6-501.11 | Damaged and missing pieces of ceiling tiles, maintain in good repair | | | | 06/13/2019 | SM |
| 4-501.11 | Repeat: Observed Damaged gasket around walk in freezer has frost build up, door is also damaged with holes maintain in good repair | | | | 06/13/2019 | SM |
| 6-501.16 | Mops laying in bottom of mop sink, must be hung and allowed to air dry | | | | 06/13/2019 | SM |
| 4-501.11 | Prep Cooler not maintaining temp of 41 degrees or below throughout entire cooler, must be maintained in good repair | | | | 06/13/2019 | SM |

EDUCATION PROVIDED OR COMMENTS

| | | | |
|--|-------------------------------|------------------|--|
| Person in Charge /Title: Steve McCoy  | | | Date: 05/13/2019 |
| Inspector:  | Telephone No. 573-888-9008 | EPHS No. 1647 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 06/13/2019 |