



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

TIME IN 1330 TIME OUT 1530  
PAGE 1 of 2

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:<br><b>Sonic Drive In</b>  |  | OWNER:<br><b>Jake Stauffer, R.B. Grisham</b>   |  | PERSON IN CHARGE:<br><b>Brock Beacham, GM</b>   |  |
| ADDRESS:<br><b>910 N Douglass</b>   |  |  |  | COUNTY:<br><b>069</b>   |  |
| CITY/ZIP:<br><b>Malden, MO 63863</b>  |  | PHONE:<br><b>573-276-3155</b>  |  | FAX:  |  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS |  | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |  |   |  |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other  |  |  |  |   |  |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved   |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE             |  | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE |  |
| License No. <b>069-14591</b>  |  | 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/D N/A | Proper cooking, time and temperature                        |     |   |
| <input checked="" type="checkbox"/> OUT        | Employee Health   |     |   | IN OUT N/D N/A                                  | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> OUT        | Management awareness; policy present  |     |   | IN OUT N/D 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/D N/A | Proper hot holding temperatures                             |     |   |
| <input checked="" type="checkbox"/> OUT N/D    | Basic Hygienic Practices  |     |   | <input checked="" type="checkbox"/> OUT N/A     | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT N/D    | Proper eating, testing, drinking or tobacco use   |     |   | IN OUT N/D N/A                                  | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> OUT N/D    | No discharge from eyes, nose and mouth  |     |   | IN OUT N/D N/A                                  | Time as a public health control (procedures / records)      |     |   |
| <input checked="" type="checkbox"/> OUT N/D    | Preventing Contamination by Hands   |     |   |   | Consumer Advisory   |     |   |
| <input checked="" type="checkbox"/> OUT N/D    | Hands clean and properly washed   |     |   | IN OUT <input checked="" type="checkbox"/>      | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> OUT N/D    | 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/D N/A | Pasteurized foods used, prohibited foods not offered        |     |   |
| <input checked="" type="checkbox"/> OUT        | Approved Source   |     |   | <input checked="" type="checkbox"/> OUT N/A     | Food additives: approved and properly used                  |     |   |
| IN OUT N/D N/A                                 | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> OUT         | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> OUT        | Food received at proper temperature   |     |   |   | Compliance with Approved Procedures                         |     |   |
| <input checked="" type="checkbox"/> OUT        | Food in good condition, safe and unadulterated  |     |   | IN OUT <input checked="" type="checkbox"/>      | Compliance with approved Specialized Process and HACCP plan |     |   |
| IN OUT N/D <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction                           |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N/A    | Prevention from Contamination   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> OUT N/A    | Food separated and protected  |     |   |   |   |     |   |
| IN <input checked="" type="checkbox"/> OUT N/A | Food-contact surfaces cleaned & sanitized   |     |   |   |   |     |   |
| IN OUT <input checked="" type="checkbox"/>     | 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  
N/A = not applicable  
OUT = not in compliance  
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                       |     |   |
| <input checked="" type="checkbox"/> |                                     | Adequate equipment for temperature control  |     |   | <input checked="" type="checkbox"/> |                                     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |                                     | Approved thawing methods used   |     |   | <input checked="" type="checkbox"/> |                                     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |                                     | Thermometers provided and accurate  |     |   | <input checked="" type="checkbox"/> |                                     | Utensils, Equipment and Warehousing   |     |   |
| <input checked="" type="checkbox"/> |                                     | Food identification   |     |   | <input checked="" type="checkbox"/> |                                     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <input checked="" type="checkbox"/> |                                     | Food properly labeled; original container   |     |   | <input checked="" type="checkbox"/> |                                     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> |                                     | Prevention of Food Contamination  |     |   | <input checked="" type="checkbox"/> |                                     | Nonfood-contact surfaces clean  |     |   |
| <input checked="" type="checkbox"/> |                                     | Insects, rodents, and animals not present   |     |   | <input checked="" type="checkbox"/> |                                     | Physical Facilities   |     |   |
|                                     | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage and display                |     |   | <input checked="" type="checkbox"/> |                                     | Hot and cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |                                     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |                                     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |                                     | Wiping cloths: properly used and stored   |     |   | <input checked="" type="checkbox"/> |                                     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |                                     | Fruits and vegetables washed before use   |     |   | <input checked="" type="checkbox"/> |                                     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
|                                     |                                     |   |     |   | <input checked="" type="checkbox"/> |                                     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |                                     |   |     |   | <input checked="" type="checkbox"/> |                                     | Physical facilities installed, maintained, and clean                                  |     |   |

Person in Charge / Title: **Brock Beacham, GM** Date: **07/30/2020**

Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
Follow-up Date: **8/28/20**



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FOOD ESTABLISHMENT INSPECTION REPORT

|   |  |                                  |                        |  |                         |         |
|---|--|----------------------------------|------------------------|--|-------------------------|---------|
| ESTABLISHMENT NAME<br><b>Sonic Drive In</b>       |  | ADDRESS<br><b>910 N Douglass</b> |                        | CITY/ZIP<br><b>Malden, MO 63863</b>  |                         |         |
| FOOD PRODUCT/LOCATION                             |  | TEMP. in ° F                     | FOOD PRODUCT/ LOCATION |  | TEMP. in ° F            |         |
| Walk In Cooler                                    |  | 39                               | Bacon                  |  | 158                     |         |
| Hamburger Patty/Grill                             |  | 178                              | Walk in Freezer        |  | -5                      |         |
| Ice Cream   |  | 40                               | Chili                  |  | 168                     |         |
| Deli Cooler                                       |  | 37                               | Tomatoes/Deli Cooler   |  | 41                      |         |
| Chicken Patty/Warmer                              |  | 148                              |                        |  |                         |         |
| <b>PRIORITY ITEMS</b>                             |  |                                  |                        |  |                         |         |
| 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 |
| 4-601.11A   | Fountain heads soiled with black residue   |                                  |                        |  | 8/28/20                 |         |
| 4-601.11A   | Two vegetable slicers under cabinet at sink, soiled with food and debris   |                                  |                        |  | 8/28/20                 |         |
| 5-205.15A   | Drain in kitchen floor clogged, close to backing up on floor   |                                  |                        |  | 8/28/20                 |         |
| 3-501.17  | Multiple items in bottom of prep cooler not dated (Shredded Lettuce, Sliced Tomatoes, Opened Hotdogs and shredded lettuce in walk in cooler)   |                                  |                        |  | 8/28/20                 |         |
| 4-601.11A   | Multiple dishes soiled due to Food being prep above .  |                                  |                        |  | COS                     |         |
| <b>CORE ITEMS</b>                                 |  |                                  |                        |  |                         |         |
| 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   | Repeat: Black residue on walls and ceiling of walk in cooler, wash, rinse and sanitize   |                                  |                        |  | 08/28/20                |         |
| 6-501.11  | water leaking through ceiling in hallway next to walk in freezer, repair   |                                  |                        |  | 8/28/20                 |         |
| 6-501.11  | Water leaking through wall behind ice cream maker, repair or replace   |                                  |                        |  | 8/28/20                 |         |
| 6-501.11  | Repeat: Cracked and busted concrete floors below fryers, repair or replace   |                                  |                        |  | 8/28/20                 |         |
| COS   | Corrected Onsite   |                                  |                        |  |                         |         |
| NRI   | Next Routine Inspection  |                                  |                        |  |                         |         |
| Women's Restroom out of order                     |  |                                  |                        |  |                         |         |
| <b>EDUCATION PROVIDED OR COMMENTS:</b>            |  |                                  |                        |  |                         |         |
|   |  |                                  |                        |  |                         |         |
| Person in Charge /Title: <b>Brock Beacham, GM</b> |  |                                  |                        |  | Date: <b>07/30/2020</b> |         |
| Inspector:  |  | Telephone No.<br>573-888-9008    | EPHS No.<br>1647       | Follow-up: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date: 8/28/20 |                         |         |