



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

TIME IN 845 TIME OUT 920
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: **Sonic Drive In** OWNER: **Jake Stauffer, R.B. Grisham** PERSON IN CHARGE: **Hanna Moore**
 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		
<input checked="" type="checkbox"/> OUT	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			OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT 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)		
<input checked="" type="checkbox"/> OUT N/O	Preventing Contamination of Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	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/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN <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		
<input checked="" type="checkbox"/> OUT	Approved Source			<input checked="" type="checkbox"/> OUT N/A	Chemicals		
IN OUT <input checked="" type="checkbox"/> N/A	Food obtained from approved source			<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Food received at proper temperature				Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Compliance with approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> OUT N/A	Prevention from Contamination						
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<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 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		
<input checked="" type="checkbox"/>		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				<input checked="" type="checkbox"/>	Utensils, Equipment and Vendors		
<input checked="" type="checkbox"/>		Thermometers provided and accurate				<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>		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		
<input checked="" type="checkbox"/>		Prevention of Food Contamination				<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Hanna Moore** *Hanna Moore* Date: **01/20/2021**
 Inspector: *Chapman* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: **2/18/21**



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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		
Topping Cooler	37	True Cooler	41		
Chili / Hot Hold	150				
Ice Cream Maker	33				
Walk in Freezer	-5				
Walk in Cooler	41				

Code Reference	PRIORITY ITEMS 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
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5-203.11	Repeat: Front handsink hot water not working due to 3 vat leaking, repair or replace	2/18/21	

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
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6-501.11	Repeat: Front mini 3vat sink hot water valve not shutting water off, repair or replace	2/18/21	
6-501.11	Repeat: Main 3 compartment sink leaking onto floor, repair or replace	2/18/21	
6-501.11	Repeat: Cracked and busted concrete floors below fryers, Water standing unable to drain, repair or replace	NRI	

COS	Corrected Onsite		
NRI	Next Routine Inspection		
	Women's Restroom out of order		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Hanna Moore <i>Hanna Moore</i>	Date: 01/20/2021
Inspector: <i>Charles R</i>	Telephone No. 573-888-9008
	EPHS No. 1647
	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 2/18/21