



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

TIME IN 845 TIME OUT 1000
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: **Michelle Gibson**
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
Date Sampled _____ Results _____
License No. **069-14591**

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 | Public Health Interventions | 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 | Management awareness: policy present | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper cooling time and 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 hot holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | <input checked="" type="checkbox"/> OUT N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Time as a public health control (procedures / records) | | |
| <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | <input checked="" type="checkbox"/> OUT N/O N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input checked="" type="checkbox"/> OUT N/A | Pasteurized foods used, prohibited foods not offered | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> OUT | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Toxic substances properly identified, stored and used | | |
| 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 | | |
| IN <input checked="" type="checkbox"/> N/A | Food separated and protected | | | 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 | | | |
| IN <input checked="" type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| IN OUT <input checked="" type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

GOOD RETAIL PRACTICES

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

| IN | OUT | Compliance | COS | R | Compliance | COS | R |
|-------------------------------------|-------------------------------------|---|-----|---|-------------------------------------|-----|---|
| <input checked="" type="checkbox"/> | | Pasteurized eggs used where required | | | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | Water and ice from approved source | | | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | Adequate equipment for temperature control | | | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | Approved thawing methods used | | | <input checked="" type="checkbox"/> | | |
| | <input checked="" type="checkbox"/> | Thermometers provided and accurate | | | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | Food properly labeled: original container | | | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | Insects, rodents, and animals not present | | | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | Contamination prevented during food preparation, storage and display | | | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | Wiping cloths: properly used and stored | | | <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | Fruits and vegetables washed before use | | | <input checked="" type="checkbox"/> | | |

Person in Charge / Title: **Michelle Gibson** Date: **01/14/2022 6/8/2022**
Inspector: *[Signature]* Telephone No. **573-898-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: **8/3/2022**



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| | |
|-------------|---------------|
| TIME IN 845 | TIME OUT 1000 |
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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 |
| Sausage/Warmer | | 148 | | | |
| Bacon/Warmer | | 137 | | | |
| Hotdogs/Warmer | | 138 | Prep Cooler | | 36 |
| Chili/Warmer | | 151 | Tomatoes/Prep Cooler | | 35 |

| Code Reference | PRIORITY ITEMS | Corrected by (date) | # of |
|----------------|--|---------------------|------|
| | 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. | | |

| | | | |
|-----------|---|-----|--------------------|
| 4-601.11A | Slicer soiled with food and debris and stored on clean shelf, wash rinse and santize before storing | CIP | <i>[Signature]</i> |
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| Code Reference | CORE ITEMS | Corrected by (date) | # of |
|----------------|--|---------------------|------|
| | 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. | | |

| | | | |
|-----------|---|--------|--------------------|
| 6-501.11 | Rear handsink faucet leaking, repair or replace | NRI | |
| 4-601.11C | Floor fans soiled with dust and debris, clean | 8/3/22 | <i>[Signature]</i> |
| 6-201.11 | Floors soiled behind deep fryers and equipment | 8/3/22 | <i>[Signature]</i> |
| 3-305.11 | Onions laying on floor in walk in cooler, shall be atleast 6 inches off the floor | 8/3/22 | <i>[Signature]</i> |
| 4-204.112 | Missing thermometer in ice cream prep cooler | 8/3/22 | <i>[Signature]</i> |
| 4-302.14 | Test kit is wet and unable to be used | 8/3/22 | <i>[Signature]</i> |
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| | | | |

COS Corrected Onsite
 NRI Next Routine Inspection

EDUCATION PROVIDED OR COMMENTS:

| | | | |
|--|----------------------------|--|--|
| Person in Charge / Title: Michelle Gibson <i>[Signature]</i> | | Date: 01/14/2022 <i>[Signature]</i> 6/8/2022 | |
| Inspector: <i>[Signature]</i> | Telephone No. 573-888-9008 | EPHS No. 1647 | Follow-up: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Follow-up Date: 8/3/2022 |