



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

TIME IN 830	TIME OUT 900
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: Sky Williams
ADDRESS: 910 N Douglass		COUNTY: 069
CITY/ZIP: Malden, MO 63863	PHONE: 573-276-3155	FAX:
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____
License No. _____		

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			<input checked="" type="checkbox"/>	OUT N/O N/A		
Person in charge present, demonstrates knowledge, and performs duties				Proper cooking, time and temperature			
Employee Health				<input checked="" type="checkbox"/>	IN OUT N/D N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	IN OUT N/D N/A		
Management awareness; policy present				Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Proper use of reporting, restriction and exclusion				Proper cooling time and temperatures			
Good Hygienic Practices				<input checked="" type="checkbox"/>	OUT N/A		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
Proper eating, tasting, drinking or tobacco use				Proper hot holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
No discharge from eyes, nose and mouth				Proper cold holding temperatures			
Preventing Contamination by Hands				<input checked="" type="checkbox"/>	IN OUT N/D N/A		
<input checked="" type="checkbox"/>	OUT	N/O		Time as a public health control (procedures / records)			
Hands clean and properly washed				Consumer Advisory			
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	IN OUT N/D		
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Consumer advisory provided for raw or undercooked food			
<input checked="" type="checkbox"/>	OUT			Highly Susceptible Populations			
Adequate handwashing facilities supplied & accessible				<input checked="" type="checkbox"/>	OUT N/O N/A		
Approved Source				Pasteurized foods used, prohibited foods not offered			
<input checked="" type="checkbox"/>	OUT			Chemical			
Food obtained from approved source				<input checked="" type="checkbox"/>	OUT N/A		
IN	OUT	N/D	N/A	<input checked="" type="checkbox"/>	OUT		
Food received at proper temperature				Food additives: approved and properly used			
<input checked="" type="checkbox"/>	OUT			Toxic substances properly identified, stored and used			
Food in good condition, safe and unadulterated				Conformance with Approved Procedures			
IN	OUT	N/O	N/D	<input checked="" type="checkbox"/>	IN OUT N/D		
Required records available: shellstock tags, parasite destruction				Compliance with approved Specialized Process and HACCP plan			
Protection from Contamination				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			
<input checked="" type="checkbox"/>	OUT	N/A					
Food separated and protected							
<input checked="" type="checkbox"/>	OUT	N/A					
<input checked="" type="checkbox"/>	OUT	N/A		Food-contact surfaces cleaned & sanitized			
IN	OUT	N/D		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	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			<input checked="" type="checkbox"/>		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: Sky Williams	Date: 08/02/2023
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008
	EPHS No. 1647
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____

