



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

TIME IN 930 TIME OUT 1130  
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: <b>Sonic Drive-In</b>		OWNER: <b>GREG WHEELER</b>		PERSON IN CHARGE: <b>CALEB YATES</b>	
ADDRESS: <b>1101 FIRST STREET</b>				COUNTY: <b>069</b>	
CITY/ZIP: <b>KENNETT, MO</b>		PHONE: <b>573-888-5739</b>	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
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 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					
PURPOSE <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 <input checked="" 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. <b>06910254</b>					

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			
<b>Employee Health</b>				IN	OUT	N/A	
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A	
Management awareness; policy present				Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A	
Proper use of reporting, restriction and exclusion				Proper cooling time and temperatures			
<b>Good Hygienic Practices</b>				<input checked="" type="checkbox"/>	OUT	N/A	
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/A	
Proper eating, testing, drinking or tobacco use				Proper hot holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/A	
No discharge from eyes, nose and mouth				Proper cold holding temperatures			
<b>Preventing Contamination by Hands</b>				IN	OUT	N/A	
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/A	
Hands clean and properly washed				Proper date marking and disposition			
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/A	
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			<b>Consumer Advisory</b>			
Adequate handwashing facilities supplied & accessible				IN	OUT	N/A	
<b>Approved Source</b>				Consumer advisory provided for raw or undercooked food			
<input checked="" type="checkbox"/>	OUT			<b>Highly Susceptible Populations</b>			
Food obtained from approved source				<input checked="" type="checkbox"/>	OUT	N/A	
IN	OUT	N/A		Pasteurized foods used, prohibited foods not offered			
Food received at proper temperature				<b>Chemical</b>			
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A	
Food in good condition, safe and unadulterated				Food additives: approved and properly used			
IN	OUT	N/A		<input checked="" type="checkbox"/>	OUT		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored and used			
<b>Prevention from Contamination</b>				<b>Compliance with Approved Procedures</b>			
<input checked="" type="checkbox"/>	OUT	N/A		IN	OUT	N/A	
Food separated and protected				Compliance with approved Specialized Process and HACCP plan			
IN	OUT	N/A		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-contact surfaces cleaned & sanitized							
<input checked="" type="checkbox"/>	OUT	N/O					
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		
		<b>Food Temperature Control</b>			<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					<b>Utensils, Equipment and Linens</b>		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>			<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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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: <b>CALEB YATES</b>			Date: <b>09/10/2020</b>	
Inspector:	Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			Follow-up Date: _____	



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TIME IN <b>930</b>	TIME OUT <b>1130</b>
PAGE <b>2</b>	of <b>2</b>

ESTABLISHMENT NAME <b>Sonic Drive-In</b>		ADDRESS <b>1101 FIRST STREET</b>		CITY/ZIP <b>KENNETT, MO</b>	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F		
ICE CREAM PREP TABLE	37	CHILI WARMER	180		
STAND UP FREEZER	-5	Eggs/Warmer	176		
WALK IN COOLER	36	Sausage Patty/Warmer	151		
PREP Cooler	36	Walk in Freezer	-6		
		Scramble Eggs and Sausage/Warmer	176		

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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4-601.11A	Fountain heads soiled with debris, wash rinse and sanitize	CIP	<i>CS</i>
3-501.17	Open lettuce in kitchen prep cooler not dated	COS	<i>CS</i>

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation or 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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CIP	Correction in progress
COS	Corrected onsite
NRI	Next Routine Inspection

EDUCATION PROVIDED OR COMMENTS:

Person in Charge /Title: <b>CALEB YATES</b>	Date: <b>09/10/2020</b>
Inspector: <i>Cheryl D...</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. <b>573-888-9008</b>	Follow-up Date:
EPHS No. <b>1647</b>	