



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

TIME IN	10:28 am	TIME OUT	11:48 am
DATE	October 4, 2017	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: Pete Esch and Bill Pschier	PERSON IN CHARGE: Katie Forsyth	
ADDRESS: 745 Weber Road		ESTABLISHMENT NUMBER: 0269	COUNTY: St. Francois	
CITY/ZIP: Farmington 63640		PHONE: (573)756-2828	FAX: none	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS				
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 checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. 187-10707, exp. 1-31-18		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 _____

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		
Employee Health							
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
<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/O N/A	Proper cold holding temperatures		
Preventing Contamination by Hands							
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN OUT 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			<input checked="" type="checkbox"/> IN OUT N/O N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN OUT N/O N/A	Consumer Advisory		
Approved Source							
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN OUT N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> QVT	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> IN OUT N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN OUT N/A	Chemical		
Protection from Contamination							
<input checked="" type="checkbox"/> OUT 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 COS=Corrected On Site R=Repeat Item			
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN 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"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			Utensils, Equipment and Vending				
Food Identification									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Prevention of Food Contamination									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			Physical Facilities				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Katie Forsyth</i>		Katie Forsyth	Date: October 4, 2017	
Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: Oct. 16, 2017



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

ESTABLISHMENT NAME Sonic Drive-in		ADDRESS 745 Weber Road		CITY / ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Blast freezer: mixes, ambient		41, 41, 41	Cold hold on ice: cut tomatoes, cheese		33, 39
Shake freezer: mix, ambient		40, 41	Steam hot hold: chili, eggs		182, 184
Toppings cooler: ambient		40	Prep cooler, bottom: ambient, cut tomatoes		34, 35
Hamburgers, grill		158 to 171	Prep cooler, top: cut lettuce, cut tomatoes		36, 35
Hotdogs, roller		178 to 184	Hot hold: cheese sausage		166

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
----------------	----------------	-------------------	---------

NOTE	TEMPERATURES, continued, in degrees Fahrenheit: Beverage Aire cooler: ambient 39, grilled chicken 40; Beverage Aire freezer, ambient 12; Meat freezer, ambient 8; eggs on grill 212; walk-in freezer, ambient 20; walk-in cooler: ambient 39, chicken 38		
7-201.11A	A bucket of sanitizer was stored with tortillas and above single-use items on a cart near the drive-up window. Chemicals shall be stored separately from or below food, single use items, clean linens, and clean equipment. Please store sanitizer where these items cannot be contaminated from splash. CORRECTED ON SITE by moving bucket to lower shelf and moving single-use items off lowest shelf.	COS	

Code Reference	CORE ITEMS	Correct by (date)	Initial
----------------	------------	-------------------	---------

6-501.18	The handwashing sink in the warewashing area was dirty, including the caulk. Handwashing sinks shall be clean. Please clean all surfaces of sink as often as needed to keep clean.	10/4/17	Kf
6-501.12A	Accumulation of debris observed on the splash shield between the handwashing sink and the food racks in the back of the store. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean shield as often as needed to keep clean.	10/4/17	
4-601.11C	Accumulation of debris observed on the top of the ice maker. Please clean top surface of ice maker as often as needed to keep clean. CORRECTED ON SITE by cleaning	COS	
6-501.11	Tiles were loose and/or broken in front of the deep fryers. Dirty liquid/grease was pooled in the grooves. Flooring shall be smooth and cleanable, and facility shall be maintained in good repair. Please repair tiles to allow effective cleaning.	10/16/17	
6-501.12A	An accumulation of grease and debris observed on the floor under the deep fryers. Physical facility shall be cleaned at a frequency to prevent debris accumulation. Please clean floor as often as needed to keep clean.	10/6/17	
4-601.11C	Debris observed in the creases of the door seals of the Beverage Aire refrigerator and Beverage Aire freezer. Please clean seals as often as needed to keep clean.	10/4/17	
4-501.11B	The door seal on the Beverage Aire freezer was split. Seals shall be maintained in good repair. Please replace seal.	10/16/17	
6-501.12A	Accumulation of debris observed on the floor of the walk-in cooler. Please clean floor as often as needed to keep clean.	10/5/17	
4-601.11C	The blue trays holding buns were dirty. Please clean to protect buns from contamination.	10/16/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:	<i>Katie Forsyth</i>	Katie Forsyth	Date:	October 4, 2017
Inspector:	<i>Rose Mier</i>	Rose Mier	Telephone No.	(573)431-1947
			EPHS No.	1390
			Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date:	Oct. 16, 2017