

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

TIME IN 9:00 Am	TIME OUT 10:00
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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 - DEXTER		OWNER: DAB PROPERTIES	PERSON IN CHARGE: JENNIFER WALTON
ADDRESS: 702 ONE MILE RD			COUNTY: STODDARD
CITY/ZIP: DEXTER 63841	PHONE: 6248400	FAX:	P.H. PRIORITY: <input 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 checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> TEMP. FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> MOBILE VENDORS	

PURPOSE

☐ Pre-opening ☒ Routine ☐ Follow-up ☐ Complaint ☐ Other

<b>FROZEN DESSERT</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	<b>SEWAGE DISPOSAL</b> <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<b>WATER SUPPLY</b> <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____
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## 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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/O N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	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 COS = Corrected On Site R = Repeat Item			
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
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
					Pasteurized eggs used where required								In-use utensils: properly stored		
					Water and ice from approved source								Utensils, equipment and linens: properly stored, dried, handled		
					<b>Food Temperature Control</b>								Single-use/single-service articles: properly stored, used		
					Adequate equipment for temperature control								Gloves used properly		
					Approved thawing methods used								<b>Utensils, Equipment and Vending</b>		
					Thermometers provided and accurate								Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
					<b>Food Identification</b>								Warewashing facilities: installed, maintained, used; test strips used		
					Food properly labeled; original container								Nonfood-contact surfaces clean		
					<b>Prevention of Food Contamination</b>								<b>Physical Facilities</b>		
					Insects, rodents, and animals not present								Hot and cold water available; adequate pressure		
					Contamination prevented during food preparation, storage and display								Plumbing installed; proper backflow devices		
					Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry								Sewage and wastewater properly disposed		
					Wiping cloths: properly used and stored								Toilet facilities: properly constructed, supplied, cleaned		
					Fruits and vegetables washed before use								Garbage/refuse properly disposed; facilities maintained		
													Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>George Walton</i>		Date: <i>4-11-18</i>	
Inspector: <i>WILLIAM A. BRANDEL</i>	Telephone No. <i>568-4593</i>	EPHS No. <i>1582</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: <i>NET</i>



