

Food Establishment Inspection Report

Score: 85.5

Establishment Name: SONIC DRIVE-IN

Establishment ID: 3034014106

Location Address: 5988 UNIVERSITY PARKWAY

Inspection Re-Inspection

City: WINSTON-SALEM

State: NC

Date: 09 / 17 / 2014 Status Code: A

Zip: 27105

County: 34 Forsyth

Time In: 10 : 45 am pm

Time Out: 12 : 55 am pm

Permittee: BOOM OF NORTH CAROLINA, INC.

Total Time: 2 hrs 10 minutes

Telephone: _____

Category #: II

Wastewater System: Municipal/Community On-Site System

FDA Establishment Type: _____

Water Supply: Municipal/Community On-Site Supply

No. of Risk Factor/Intervention Violations: 6

No. of Repeat Risk Factor/Intervention Violations: 2

Foodborne Illness Risk Factors and Public Health Interventions										
Risk factors: Contributing factors that increase the chance of developing foodborne illness.										
Public Health Interventions: Control measures to prevent foodborne illness or injury.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Supervision .2652										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present; Demonstration-Certification by accredited program and perform duties			2	0	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652										
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge; responsibilities & reporting			3	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction & exclusion			3	1.5	0	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653										
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use			2	1	0	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth			1	0.5	0	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656										
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed			4	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed			3	1.5	0	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible			2	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
Approved Source .2653, .2655										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			2	1	0	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature			2	1	0	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated			2	1	0	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			2	1	0	<input type="checkbox"/>
Protection from Contamination .2653, .2654										
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated & protected			3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food			2	1	0	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653										
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures			3	1.5	0	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding			3	1.5	0	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time & temperatures			3	1.5	0	<input type="checkbox"/>
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			3	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			3	1.5	0	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking & disposition			3	1.5	0	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures & records			2	1	0	<input type="checkbox"/>
Consumer Advisory .2653										
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked foods			1	0.5	0	<input type="checkbox"/>
Highly Susceptible Populations .2653										
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered			3	1.5	0	<input type="checkbox"/>
Chemical .2653, .2657										
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved & properly used			1	0.5	0	<input type="checkbox"/>
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified stored, & used			2	1	0	<input type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2658										
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packing criteria or HACCP plan			2	1	0	<input type="checkbox"/>

Good Retail Practices										
Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.										
IN	OUT	N/A	N/O	Compliance Status			OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658										
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			1	0.5	0	<input type="checkbox"/>
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			2	1	0	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods			1	0.5	0	<input type="checkbox"/>
Food Temperature Control .2653, .2654										
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			1	0.5	0	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding			1	0.5	0	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			1	0.5	0	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate			1	0.5	0	<input type="checkbox"/>
Food Identification .2653										
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container			2	1	0	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657										
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals			2	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			2	1	0	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			1	0.5	0	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used & stored			1	0.5	0	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables			1	0.5	0	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654										
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			1	<input checked="" type="checkbox"/>	0	<input type="checkbox"/>
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens: properly stored, dried & handled			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles: properly stored & used			1	0.5	0	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			1	0.5	0	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2663										
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed, & used			<input checked="" type="checkbox"/>	1	0	<input checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, & used; test strips			1	0.5	0	<input type="checkbox"/>
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			<input checked="" type="checkbox"/>	0.5	0	<input checked="" type="checkbox"/>
Physical Facilities .2654, .2655, .2656										
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure			2	1	0	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2	1	0	<input type="checkbox"/>
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed			2	1	0	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied & cleaned			1	0.5	0	<input type="checkbox"/>
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained			1	0.5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean			<input checked="" type="checkbox"/>	0.5	0	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation & lighting requirements; designated areas used			1	0.5	0	<input type="checkbox"/>
Total Deductions:							14.5			



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
DHHS is an equal opportunity employer.



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SONIC DRIVE-IN

Establishment ID: 3034014106

Location Address: 5988 UNIVERSITY PARKWAY

Inspection Re-Inspection Date: 09/17/2014

City: WINSTON-SALEM State: NC

Comment Addendum Attached? Status Code: A

County: 34 Forsyth Zip: 27105

Category #: II

Wastewater System: Municipal/Community On-Site System

Email 1:

Water Supply: Municipal/Community On-Site System

Email 2:

Permittee: BOOM OF NORTH CAROLINA, INC.

Email 3:

Telephone: _____

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
Hamburger	Grill	179	Hot dogs	Steam unit	112			
Hamburger	Final cook grill	179	Corndogs	Reach in cooler	42			
Sliced	Prep unit	36	Grilled	Reach in cooler	41			
Shredded	Prep unit	35	Hamburger	Reach in freezer	29			
Slaw	Prep unit	30	Hot water	Three compartment sink	138			
Sliced cheese	Prep unit	38	Quat sanitizer	Bucket in ppm	300			
Shredded	Lower prep unit	40						
Chili	Steam unit	64						

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 2 2-201.11 (A), (B), (C), & (E) Responsibility of Permit Holder, Person in Charge, and Conditional Employees - P - General manager was not aware of employee health policy nor could locate one on premises - under new rules, facility must have formal employee health policy that addresses foodborne pathogens and either restricts or excludes employees from work when sick - referred manager to Food Code for review and application
- 6 2-301.12 Cleaning Procedure - P - Observed employee and manager wash hands where both touched paper towel dispenser lever to dispense paper towels after washing hands with bare hands and employee touched faucet handles after washing hands - when washing hands, ensure that barehand contact is not made with faucet handles or paper towel dispenser lever once hands are washed - CDI - employee and manager rewashed hands and turned off faucet handle with paper towel
- 8 6-301.12 Hand Drying Provision - PF - Heated air hand drying device in men's room was not operational - must be able to provide an adequate hand drying device at all handsinks



Person in Charge (Print & Sign): Dusty Collins *First* *Last*

Dusty Collins

Regulatory Authority (Print & Sign): Kenneth Michaud *First* *Last*

Kenneth Michaud

REHS ID: 2259 - Michaud, Kenneth

Verification Required Date: / /

REHS Contact Phone Number: () -



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SONIC DRIVE-IN

Establishment ID: 3034014106

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.



- 13 3-302.11 Packaged and Unpackaged Food-Separation, Packaging, and Segregation - P - Repeat - Containers of frozen food stored in reach in freezer without lids - must keep lids on food containers or cover with approved method when not in use - CDI - manager placed plastic lids on open containers
- 14 4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - P - Repeat - Significant slime/mold build-up on shield inside ice machine, slicer and chopper not in use still had dried food debris present and six pans had food debris present - ensure that food containers are cleaned and sanitized after use, clean and sanitize inside ice machine as often as necessary - CDI - manager cleaned and sanitized inner shield of ice machine, sent containers, slicer and chopper back to be rewashed and sanitized
- 19 3-501.16 (A)(1) Potentially Hazardous Food (Time/Temperature Control for Safety Food), Hot and Cold Holding - P - Manager forgot to turn on steam unit for cooked hotdogs and chili after hotdogs were cooked - recorded hot dogs between 112 - 123 deg F - all hot holding items must be held at a minimum internal temp of 135 deg F - CDI - since hotdogs were just cooked, manager placed back on hotdog roller to reheat and continued to heat chili for lunch use
- 36 6-501.111 Controlling Pests - PF - Flies and gnats present at front and rear of kitchen - must have effective pest control method in place to control pests
- 41 3-304.12 In-Use Utensils, Between-Use Storage - C - Spatula stored in between grill and prep table - utensils must not be stored in between equipment as said area cannot be adequately cleaned; Breader and crumbs bins had scoop handles stored laying in product - if storing scoops in food, ensure that handle is not making contact with product - CDI - repositioned handle so they are not touching food
- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C - A few pans stacked incorrectly while still wet - either separate or try cross stacking to alleviate air flow to thoroughly air dry pans
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C - Repeat - Replace broken door panel on shake machine door, Repair any broken/worn caulking around backsplashes and equipment, repair/replace peeling storage racks throughout; Replace cracked/broken plastic containers; Call Coke rep to have switch repaired so when ice bin lid is opened, machine does not dispense soda



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SONIC DRIVE-IN

Establishment ID: 3034014106

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.



Spell

- 47 4-602.13 Nonfood Contact Surfaces - C - Repeat - Detailed cleaning needed under lips of tables, inside condiment bins, on storage racks in coolers and dry storage areas, on tops of equipment, inside shake machine storage bin and on cooler/freezer gaskets
- 52 5-501.16 Storage Areas, Rooms and Receptacles, Capacity and Availability - C - No trash cans located at handsinks - must have trash cans located where waste is generated, including handsinks for paper towels
- 53 6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C - Repeat - Area of FRP above three compartment sink has significant build-up of black substance, if tiles cannot be cleaned, then replace; Repair any worn caulking around backsplashes; Caulk and smooth any holes in FRP tiles; Regrout floor as water is built-up between floor tiles; Repair loose/damaged baseboards throughout; Seal holes in ceiling tiles; Repair broken corner guard at wall near reach in freezer



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SONIC DRIVE-IN

Establishment ID: 3034014106

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

✓
Spell



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SONIC DRIVE-IN

Establishment ID: 3034014106

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

✓
Spell

