

# Food Establishment Inspection Report

Score: 91.5

**Establishment Name:** SONIC DRIVE-IN  
**Location Address:** 2615 LEWISVILLE-CLEMMONS ROA  
**City:** CLEMMONS **State:** NC  
**Zip:** 27012 **County:** 34 Forsyth  
**Permittee:** BOOM OF NORTH CAROLINA, INC  
**Telephone:** (336) 712-9710

**Establishment ID:** 3034014111  
☒ Inspection ☐ Re-Inspection  
**Date:** 05/14/2015 **Status Code:** A - Open For Business  
**Time In:** 12:35 PM **Time Out:** 3:55 PM  
**Category#:** II  
**FDA Establishment Type:** Fast Food Restaurant  
**No. of Risk Factor/Intervention Violations:** 2  
**No. of Repeat Risk Factor/Intervention Violations:** 1

**Wastewater System:** ☒ Municipal/Community ☐ On-Site System  
**Water Supply:** ☒ Municipal/Community ☐ On-Site Supply

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
<b>Supervision</b> .2652									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC present, Demonstration - Certification by accredited program, and performs duties	2	0		
<b>Employee Health</b> .2652									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management and food employee knowledge, and conditional employee; responsibilities and reporting.	3	1.5	0	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting, restriction and exclusion	3	1.5	0	
<b>Good Hygienic Practices</b> .2652, .2653									
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank risers accessible and surface water diverted?	<input checked="" type="checkbox"/>	1	0	X
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	1	.5	0	
<b>Preventing Contamination by Hands</b> .2652, .2653, .2655, .2656									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	4	2	0	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or a pre-approved alternate properly followed	3	1.5	0	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effluent appears clear, free of excess solids?	2	1	0	
<b>Approved Source</b> .2653, .2655									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required pumps present, operating, and cycling properly?	2	1	0	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	2	1	0	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe and unadulterated	2	1	0	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction	2	1	0	
<b>Protection from Contamination</b> .2653, .2654									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	3	1.5	0	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned and sanitized	3	1.5	X	X
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimal ponding in subsurface trenches?	2	1	0	
<b>Potentially Hazardous Food Time/Temperature</b> .2653									
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surface water being effectively diverted away?	3	1.5	0	
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diversions/ditches/swales/tile drains properly maintained?	3	1.5	0	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	3	1.5	0	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	3	1.5	0	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	3	1.5	0	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	3	1.5	0	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a Public Health Control: procedures and records	2	1	0	
<b>Consumer Advisory</b> .2653									
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No effluent standing in lower laterals?	1	.5	0	
<b>Highly Susceptible Populations</b> .2653									
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laterals free of excess solids, cleaned out as needed?	3	1.5	0	
<b>Chemical</b> .2653, .2657									
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	1	0.5	0	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored, and used	2	1	0	
<b>Conformance with Approved Procedures</b> .2653, .2654, .2658									
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0	

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
<b>Safe Food and Water</b> .2653, .2655, .2658									
28	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	1	0.5	0	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	2	1	0	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	1	0.5	0	
<b>Food Temperature Control</b> .2653, .2654									
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	1	0.5	0	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	1	0.5	0	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	1	0.5	0	
<b>Food Identification</b> .2653									
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	2	1	0	
<b>Prevention of Food Contamination</b> .2652, .2653, .2654, .2656, .2657									
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects and rodents not present; no unauthorized animals	2	1	X	
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display	2	X	0	X X
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	1	0.5	0	
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	1	0.5	X	X
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	1	0.5	0	
<b>Proper Use of Utensils</b> .2653, .2654									
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	1	0.5	X	X
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried and handled	1	0.5	0	
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use and single-service articles; properly stored and used	1	0.5	0	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	1	0.5	0	
<b>Utensils and Equipment</b> .2653, .2654, .2663									
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment, food and non-food-contact surfaces approved; cleanable, properly designed, constructed and used	X	1	0	X
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; test strips	1	.5	0	
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food-contact surfaces clean	X	.5	0	X
<b>Physical Facilities</b> .2654, .2655, .2656									
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	2	1	0	
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	2	1	X	X
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	2	1	0	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied and cleaned	1	.5	0	
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	X	.5	0	X
53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained and clean	X	.5	0	X
54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets ventilation and lighting requirements; designated areas used	1	X	0	X
<b>TOTAL DEDUCTIONS:</b>						<b>8.5</b>			



# Comment Addendum to Food Establishment Report

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 Water Supply: ☒ Municipal/Community ☐ On-Site System  
 Permittee: BOOM OF NORTH CAROLINA, INC  
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Establishment ID: 3034014111  
☒ Inspection ☐ Re-Inspection Date: 05/14/2015  
 Comment Addendum Attached ? ☐ Status Code: A  
 Category#: II  
 Email 1: GBIRDWELL3@AOL.COM  
 Email 2: \_\_\_\_\_  
 Email 3: \_\_\_\_\_

## Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hamburger/ hot hold	165.0	sanitizer (q/ buckets (ppm)	200.0		
tomato/ make unit	40.0	sanitizer (q/ 3 comp sink (ppm)	200.0		
lettuce/ make unit	41.0	Chicken bite/ final cook	201.0		
tomato/ make unit 2	44.0	Matthew Russ/ ss 7/26/17	0.0		
hot dogs/ heat well	140.0				
chicken brea/ heat well	146.0				
corn dogs/ reach in	40.0				
hot water/ 3 comp sink	144.0				

## Observations and Corrective Actions

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

Item Number	Observations and Corrective Actions
4	2-401.11 Eating, Drinking, or Using Tobacco - C Repeat: Employee beverages and an employees "vape pen" were stored on the staging table for consumer orders. Employee beverages and items must be stored in areas segregated from clean equipment, utensils and food prep to prevent contamination. CDI: Items were moved during inspection to separate area behind tea station.
14	4-602.11 Equipment Food-Contact Surfaces and Utensils-Frequency - P Two coke nozzles on the soda station are not able to be disassembled and had light soil build up on the inside portion of the nozzle. Soda nozzles must be cleaned regularly to preclude build up. CDI: PIC removed the nozzles and replaced them with new clean nozzles. Contact distributor to get soda nozzles that may be taken apart for cleaning or get information on how to appropriately clean these nozzles. 0 pts
36	6-202.15 Outer Openings, Protected - C Back door of kitchen is heavily rusted on the bottom exposing holes and the gasket on the left side is missing allowing visible sunlight to come through the gap. Outer openings shall be properly sealed to prohibit entry of pests. Replace the damaged door. 0 pts
37	3-305.11 Food Storage-Preventing Contamination from the Premises - C One small pan of sausage was stored in the walk in freezer without a cover. One pan of ice cream cones was stored on top of the ice cream machine without a lid. Food shall be covered to prevent contamination. CDI: Both pans were covered during the inspection.
39	3-304.14 Wiping Cloths, Use Limitation - C One bucket of sanitizer solution and cloths was stored on the floor in the front of the kitchen. Sanitizer solution buckets shall be kept off the floor and away from areas where spilling can contaminate surfaces, utensils, and food. CDI: Bucket moved to the low shelf of a near by prep table. 0 pts
41	3-304.12 In-Use Utensils, Between-Use Storage - C "sani cup" of scrub brushes for the front milk shake blenders was full of hot water and scrub brushes. Cup has information stating to store items in sanitizer solution. Only keep scrub brushes in sanitizer solution as per manufacturers recommendations. CDI: PIC switched water for quat sanitizer solution. 0 pts
45	4-501.11 Good Repair and Proper Adjustment-Equipment - C Repeat: Gaskets torn and with heavy mold/mildew buildup on front and low line reach in coolers. Racks in reach in coolers and upright coolers are chipped and rusting. Soda fountain switch needs to be repaired so when ice bin is open the machine cuts off. Handle of dicer is broken and must be replaced. Hinge covers on upright cooler/freezer are missing and must be replaced. The freezer bottom to the upright cooler/ freezer combo is not function and is no longer being used. Repair damaged freezer. Plastic covers for ice cream toppings are damaged and must be replaced. One hand held chopper is cracked along its handle, replace. Ice cream machine is dripping water from bottom cabinet, Evaluate machine to see if condensation is building up or if a leak has formed. Ice cream topping cooler is missing a vent cover for the bottom, replace. Equipment shall be maintained in good repair.



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## Observations and Corrective Actions

Item Number	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.
Item Number	Observations and Corrective Actions
47	4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Repeat: Cleaning needed on non food contact surfaces through the kitchen; Cleaning needed on wire shelving in equipment and dry storage where food debris and grease residue has accumulated. Cleaning needed on sides and cabinets of deep fryers where oil has heavily built up. Remove soil from under sides of tables and sinks, Cleaning need on gaskets where food debris has splashed and to remove mold/mildew build up. Fronts of slushie machines must be cleaned to remove sugary build up. Floor of the walk in cooler has heavy amounts of food debris and spill, clean floor of walk in. Remove grease build up from wheels of equipment and tables throughout. Non food contact surfaces shall be kept clean.
49	5-203.14 Backflow Prevention Device, When Required - P New coffee machine does not have visible back flow prevention on its supply line. Confirm that coffee machine has internal backflow prevention or attach a backflow preventer. PIC contact supplier during inspection and shall contact Joseph Chrobak at the Forsyth County Dept. of Public Health at 336-703-3164 No later than 5/21/15 with confirmation of internal or attachment of external backflow prevention.
52	5-501.113 Covering Receptacles - C/5-501.15 Outside Receptacles - C: Repeat: dumpster doors open, Keep dumpsters closed when not in use. Have employees check dumpster areas to keep doors closed.
53	6-501.11 Repairing-Premises, Structures, Attachments, and Fixtures-Methods - C Extensive floor, wall and ceiling repair is needed to seal grout of floor tiles, replace broken tiles and remove water pooling between and under the floor tiles. Repair needed to replace missing ceiling tiles in back of establishment and to replace the stained peeling tiles at the cooking stations. Seal the stainless panel pulling off the wall behind the grill. Repaint corner protectors that are peeling. Baseboards throughout must be regouted to seal them to the walls. Drain covers must be attached to the back drain and the can wash drain. Recaulk prep sinks and three comp sink to the wall. Physical facilities shall be kept in good repair. // 6-501.12 Cleaning, Frequency and Restrictions - C Floor and wall cleaning needed throughout to remove food and grease debris. Keep physical facilities cleaned.
54	6-303.11 Intensity-Lighting - C Lighting low at dry storage (2ft/cl) and at the front slushie machine (26-40 ft/cl) where light bulbs have burned out. Replace missing light bulbs to attain 50ft/cl in food prep and 10 ft/cl in food storage.

Person in Charge (Print & Sign): Matthew Russell

Regulatory Authority (Print & Sign): Joseph Chrobak

REHS ID: 2450 Chrobak, Joseph

REHS Contact Phone Number: (336)703-3164

  


Verification Required Date: 05/21/2015

