|                                      | Retail Food Establishment Inspection Report   |  |        |             |  |                  |          |                                  |   |          |   |   |    |  |  |  |
|--------------------------------------|---|--|--------|-------------|--|------------------|----------|----------------------------------|---|----------|---|---|----|--|--|--|
|                                      | Vomit clean up  |  |        |             |  |                  |          |                                  |   |          |   |   |    |  |  |  |
| D                                    | Date: Time in: Time out: License/Permit # Est. Type Risk Category                             |  |        |             |  |                  |          |                                  |   |          |   |   |    |  |  |  |
|                                      | 1/15/2021 10:50 12:14 FOO   |  |        |             |  |                  |          | 55                               | )   |          |   | Page <u>1</u> of  |    |  |  |  |
|                                      | Purpose of Inspection: 1-Routine 2-Follow Up 3-Complai<br>Establishment Name: Contact/Owner N |  |        |             |  |                  |          |                                  | estig   | atio     | n   | 5-CO/Construction     6-Other     TOTAL/SCO     * Number of Repeat Violations:  | RE |  |  |  |
| S                                    | Sonic Drive In #2805 (Goliad) Angel Lope  |  |        |             |  |                  |          |                                  |   |          | roog  | ✓ Number of Violations COS:   | /B |  |  |  |
|                                      | Physical Address:<br>1001 S Goliad Rockwall, TX Pest control :<br>Presto-X/monthly            |  |        |             |  |                  |          | rex/                             | /3mo  | Tr       | rimb  | e/900 gal/3mo №   |    |  |  |  |
| М                                    |   |  |        |             |  |                  |          | rved<br>ark i                    |   |          |   | pplicable $COS = corrected on site R = repeat violation W- Wate ox for IN, NO, NA, COS Mark an \times in appropriate box for R$ | ch |  |  |  |
| Priority Items (3 Points) violations |   |  |        |             |  |                  | uire In  | tive Action not to exceed 3 days |   |          |   |   |    |  |  |  |
| O<br>U<br>T                          | I<br>N  | I N N C Time and Temperature for Food Safety   |        |             |  |                  |          | I<br>N                           |   | N<br>A   | C<br>O<br>S   | Employee Health   | R  |  |  |  |
|                                      | 1   | 1. Proper cooling time and temperature   |        |             |  |                  |          | ~                                | ,   |          |   | 12. Management, food employees and conditional employees;<br>knowledge, responsibilities, and reporting                         |    |  |  |  |
|                                      | ~   |  |        |             | 2. Proper Cold Holding temperature( $41^{\circ}F/45^{\circ}F$ )  | $\square$        |          |                                  |   |          |   | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth  |    |  |  |  |
| _                                    | •   |  |        |             | 3. Proper Hot Holding temperature(135°F)   |                  |          | ľ                                |   | <u> </u> |   |   |    |  |  |  |
| 3                                    |   |  |        |             | 4. Proper cooking time and temperature   | +                |          |                                  | Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used properly |          |   |   |    |  |  |  |
|                                      |   | ~  |        |             | 5. Proper reheating procedure for hot holding (165°F in 2  |                  |          | ~                                |   |          |   | Gloves used           15. No bare hand contact with ready to eat foods or approved  |    |  |  |  |
|                                      | ~   |  |        |             | Hours)   |                  |          | -                                |   |          |   | alternate method properly followed (APPROVED YN_ )  |    |  |  |  |
|                                      | ~   |  |        | _           | 6. Time as a Public Health Control; procedures & records   |                  | _        | T                                |   |          |   | Highly Susceptible Populations  |    |  |  |  |
|                                      |   |  |        |             | Approved Source  |                  |          | ~                                |   |          |   | 16. Pasteurized foods used; prohibited food not offered<br>Pasteurized eggs used when required<br><b>EQQS COOKED</b>            |    |  |  |  |
|                                      | ~   | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite |        |             |  |                  |          |                                  |   |          |   | Chemicals   |    |  |  |  |
|                                      |   |  |        |             | destruction<br>8. Food Received at proper temperature  |                  |          | Т                                | -   |          |   | 17. Food additives; approved and properly stored; Washing Fruits  |    |  |  |  |
|                                      | ~   |  |        |             | check at receipt   |                  |          | ~                                |   |          |   | & Vegetables<br>water only  |    |  |  |  |
|                                      | Protection from Contamination   |  |        |             |  | 3                |          |                                  |   |          | 18. Toxic substances properly identified, stored and used |   |    |  |  |  |
|                                      | ~   |  |        |             | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting  |                  |          |                                  |   |          |   | Water/ Plumbing   |    |  |  |  |
|                                      | ~   |  |        |             | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200 ppm/temperature   | $\square$        | 3        |                                  |   |          |   | 19. Water from approved source; Plumbing installed; proper<br>backflow device   |    |  |  |  |
|                                      | ~   |  |        |             | 11. Proper disposition of returned, previously served or reconditioned <b>discarded</b>  |                  |          | ~                                | ,   |          |   | 20. Approved Sewage/Wastewater Disposal System, proper disposal   |    |  |  |  |
|                                      |   |  |        |             | Priority Foundation Items (2 Po  | oints)           | viola    | tion                             | s Req   | uire     | e Cor   | rrective Action within 10 days  | -  |  |  |  |
| O<br>U<br>T                          | I<br>N  | N<br>O   | N<br>A | C<br>O<br>S | Demonstration of Knowledge/ Personnel  | R                |          | N                                | N<br>O  | N<br>A   | C<br>O<br>S   | Food Temperature Control/ Identification  | R  |  |  |  |
|                                      | ~   |  |        | ~           | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager/ Posted $3$   |                  |          | ~                                | ,   |          |   | 27. Proper cooling method used; Equipment Adequate to<br>Maintain Product Temperature   |    |  |  |  |
|                                      | ~   |  |        |             | 22. Food Handler/ no unauthorized persons/ personnel   |                  |          | ~                                | •   |          |   | 28. Proper Date Marking and disposition   |    |  |  |  |
|                                      |   |  |        |             | Safe Water, Recordkeeping and Food Package<br>Labeling   |                  |          | ~                                | ·   |          |   | 29. Thermometers provided, accurate, and calibrated; Chemical/<br>Thermal test strips<br><b>probe</b>                           |    |  |  |  |
|                                      | ~   | ✓ 23. Hot and Cold Water available; adequate pressure, safe  |        |             | Π.   |                  | <u> </u> |                                  |   |          | Permit Requirement, Prerequisite for Operation            |   |    |  |  |  |
| -                                    | ~   |  |        |             | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled  |                  | W        |                                  |   |          |   | 30. Food Establishment Permit (Current/insp report sign posted)   |    |  |  |  |
|                                      |   |  |        |             | Conformance with Approved Procedures   | $\square$        | -        | <u> </u>                         |   |          |   | Current to be displayed<br>Utensils, Equipment, and Vending   |    |  |  |  |
|                                      | ~   |  |        |             | 25. Compliance with Variance, Specialized Process, and<br>HACCP plan; Variance obtained for specialized<br>processing methods; manufacturer instructions |                  |          | ~                                |   |          |   | 31. Adequate handwashing facilities: Accessible and properly supplied, used   |    |  |  |  |
|                                      |   |  |        |             | Consumer Advisory  |                  | 2        |                                  |   |          |   | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used                                      |    |  |  |  |
|                                      | ~   |  |        |             | 26. Posting of Consumer Advisories; raw or under cooked<br>foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label<br>meats to required temps           |                  | V        |                                  |   |          |   | 33. Warewashing Facilities; installed, maintained, used/<br>Service sink or curb cleaning facility provided                     |    |  |  |  |
| 0                                    | Ţ   | N  | N      | С           | Core Items (1 Point) Violations Require Corrective   | Actio            | on No    | -                                | Exce  |          | 0 Da  | ays or Next Inspection , Whichever Comes First  | R  |  |  |  |
| U<br>T                               | I<br>N  | 0  | A      | o<br>s      | Prevention of Food Contamination   | K                |          | N                                |   | A        | o<br>s  | Food Identification   | K  |  |  |  |
|                                      | ~   |  |        |             | 34. No Evidence of Insect contamination, rodent/other<br>animals   | $\square$        |          | ~                                |   |          |   | 41.Original container labeling (Bulk Food)  |    |  |  |  |
| 1                                    |   |  |        |             | <ul><li>35. Personal Cleanliness/eating, drinking or tobacco use</li><li>36. Wiping Cloths; properly used and stored</li></ul>                           | $\parallel$      |          |                                  | -   |          |   | Physical Facilities<br>42. Non-Food Contact surfaces clean  |    |  |  |  |
| 1                                    |   |  |        |             | 37. Environmental contamination  | $\left  \right $ | 1        | -                                |   |          | -   | 43. Adequate ventilation and lighting; designated areas used  |    |  |  |  |
| 1                                    |   | -  |        |             | 38. Approved thawing method  | $\left  \right $ |          | ~                                |   |          | -   | 44. Garbage and Refuse properly disposed; facilities maintained   | -  |  |  |  |
|                                      | So. Approved mawing method     Proper Use of Utensils   |  |        |             | $\parallel$  | 1                | ~        | +                                |   | ┝        | 45. Physical facilities installed, maintained, and clean  | -   |    |  |  |  |
| F                                    |   |  |        |             | 39. Utensils, equipment, & linens; properly used, stored,  | $\left  \right $ |          | +                                | +   |          | -   | 46. Toilet Facilities; properly constructed, supplied, and clean  | -  |  |  |  |
| 1                                    | ~   |  |        |             | dried, & handled/ In use utensils; properly used   | 1 1              | V        | V                                | 1   |          | 1   |   | 1  |  |  |  |
|                                      |   |  |        | _           | 40. Single-service & single-use articles; properly stored  | +                |          | -                                | _   |          |   | 47. Other Violations  |    |  |  |  |

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| Received by:<br>(signature) see below  | see below        | Title: Person In Charge/ Owner |
|--|------------------|--------------------------------|
| Inspected by:<br>(signature) see below | Print: see below | Business Email:                |

Form EH-06 (Revised 09-2015)

| Establishment Name:<br>Sonic Drive In #2805 (Goliad)                    | Physical A<br>1001              | S Goliad                             | <sup>City/State:</sup> | III, TX                       | License/Permit #         Page 2 of 2           FOOD 5055         Page 2 of 2 |                 |  |  |  |  |  |
|---|---------------------------------|--------------------------------------|------------------------|-------------------------------|--|-----------------|--|--|--|--|--|
| Item/Location   | Temp F                          | TEMPERATURE OBSERVA<br>Item/Location | TIONS<br>Temp F        | Item/Locat                    | ion  | Temp F          |  |  |  |  |  |
|   | _                               |                                      |                        |                               |  |                 |  |  |  |  |  |
| hot wells/hot dogs top  | 110                             | hot drawers                          |                        |                               | F ambient  | 10              |  |  |  |  |  |
| bottom  | 137                             | eggs/chicken                         | 157/157                | ice cream mix                 |  | 40              |  |  |  |  |  |
| foot long hotdogs   | 147                             | chicken                              | 151                    | dessert cooler/whipped toppin |  | <sup>g</sup> 41 |  |  |  |  |  |
| chili   | 177                             | reach in freezer ambien              | 5.3                    | burger freezer ambient        |  | it 10           |  |  |  |  |  |
| gravy   | 162                             | reach in cooler/hot dogs             | 41                     |                               |  |                 |  |  |  |  |  |
| cold top/ cut lettuce   | 41                              | hot dogs/corn dogs                   | 6 41/41                |                               |  |                 |  |  |  |  |  |
| cheese  | 41                              | WIC/chicken                          | 39                     |                               |  |                 |  |  |  |  |  |
| under/cheese  | 41                              | tomatoes                             | 35                     |                               |  |                 |  |  |  |  |  |
| Item AN INSPECTION OF YOUR ES   |                                 | SERVATIONS AND CORRECTI              |                        |                               |  |                 |  |  |  |  |  |
| Number NOTED BELOW:   | TABLISHME                       | ENT HAS BEEN MADE. YOUR ATTEN        | TION IS DIRE           | CIED TO TH                    | IE CONDITIONS OBSERVE  | D AND           |  |  |  |  |  |
| Front hand sink 100   | ) F                             |                                      |                        |                               |  |                 |  |  |  |  |  |
| 19 Front hand sink lea  | king. To                        | o be repaired.                       |                        |                               |  |                 |  |  |  |  |  |
| 3 Hot dogs cooked at 1  | <u>0:30 in s</u>                | team table 45 mins. Ho               | dog rolle              | er not wo                     | orking so cooked o   | on flat top     |  |  |  |  |  |
| Hot dogs on top to b  | be used                         | first. Will turn steam ta            | ble up to              | hot ho                        | ld at 135+ curren  | tly at 110      |  |  |  |  |  |
| Will re-heat hot dog  | js to 165                       | 5 in steam drawers/                  |                        |                               |  |                 |  |  |  |  |  |
| 35 Store employee dri   | nks low                         | and separate, not over               | prep tab               | oles                          |  |                 |  |  |  |  |  |
| 18 Store chemicals lov  |                                 |                                      |                        |                               |  |                 |  |  |  |  |  |
| 37 Condensation in re   | ach in c                        | ooler, protect foods und             | er                     |                               |  |                 |  |  |  |  |  |
| Back hand sink 100  | )+ F                            |                                      |                        |                               |  |                 |  |  |  |  |  |
| 3 comp sink 110 F   |                                 |                                      |                        |                               |  |                 |  |  |  |  |  |
| W Very strong odor in   | restroo                         | m.                                   |                        |                               |  |                 |  |  |  |  |  |
| 45 Seal gaps in walls,  | replace                         | caulking behind 3 com                | o sink                 |                               |  |                 |  |  |  |  |  |
| 45 Clean wall behind p  | orep are                        | а                                    |                        |                               |  |                 |  |  |  |  |  |
| 42 Clean in/around/on   | equipm                          | ent/ dessert cold top                |                        |                               |  |                 |  |  |  |  |  |
| W Watch sink flow fro   | m dirty t                       | o clean                              |                        |                               |  |                 |  |  |  |  |  |
| Sani bucket 200 pp  | m quats                         | 6                                    |                        |                               |  |                 |  |  |  |  |  |
| 36 Store wiping cloths  | in sani                         | bucket                               |                        |                               |  |                 |  |  |  |  |  |
| Back door looks go  | od.                             |                                      |                        |                               |  |                 |  |  |  |  |  |
| 45 Broken tiles/basebo  |                                 |                                      |                        |                               |  |                 |  |  |  |  |  |
| 32 Rusty shelves in dr  | 82 Rusty shelves in dry storage |                                      |                        |                               |  |                 |  |  |  |  |  |
|   |                                 |                                      |                        |                               |  |                 |  |  |  |  |  |
|   |                                 |                                      |                        |                               |  |                 |  |  |  |  |  |
|   |                                 |                                      |                        |                               |  |                 |  |  |  |  |  |
|   |                                 |                                      |                        |                               |  |                 |  |  |  |  |  |
|   |                                 |                                      |                        |                               |  |                 |  |  |  |  |  |
|   |                                 |                                      |                        |                               |  |                 |  |  |  |  |  |
| Received by:  |                                 | Print:                               |                        |                               | Title: Person In Charge/ Ov  | vner            |  |  |  |  |  |
|   |                                 | Alex Ga                              | arcia                  |                               | Manager  |                 |  |  |  |  |  |
| (signature)<br>Alex Garcia<br>Inspected by:<br>(signature)<br>Christy ( | $^{-}\sim +$                    | Print:<br>Christy                    |                        |                               | <u> </u>   |                 |  |  |  |  |  |
| Form EH-06 (Revised 09-2015)  |                                 | Christy                              | CUIL                   | EZ                            | Samples: Y N # co  | llected         |  |  |  |  |  |