

Food Establishment Inspection Report

Jackson County Health Department PO Box 307 – 415 Health Department Rd Murphysboro IL 62966		(618) 684-3143 ext. 128		No. of Risk Factor/Intervention Violations <u>0</u>	Date <u>4/15/21</u>
Establishment <u>Sonic Drive-in</u>		License/Permit # <u>839 1227</u>		No. of Repeat Risk Factor/Intervention Violations <u>0</u>	Time In <u>9:30</u>
Street Address <u>950 E. Main Street</u>		City/State <u>Carbondale, IL</u>		Permit Holder <u>Dustin Ellis</u>	Time Out <u>10:30</u>
City/State <u>Carbondale, IL</u>		ZIP Code <u>62901</u>		Purpose of Inspection <u>Probationary / Routine</u>	
				Risk Category <u>II</u>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable
 Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status	Description	COS	R	Compliance Status	Description	COS	R
Supervision							
1	<input checked="" type="radio"/> In <input type="radio"/> Out Person in charge present, demonstrates knowledge, and performs duties			15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Food separated and protected		
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Certified Food Protection Manager (CFPM)			16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A Food-contact surfaces; cleaned and sanitized		
Employee Health							
3	<input checked="" type="radio"/> In <input type="radio"/> Out Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	<input checked="" type="radio"/> In <input type="radio"/> Out Proper disposition of returned, previously served, reconditioned and unsafe food		
4	<input checked="" type="radio"/> In <input type="radio"/> Out Proper use of restriction and exclusion			Time/Temperature Control for Safety			
5	<input checked="" type="radio"/> In <input type="radio"/> Out Procedures for responding to vomiting and diarrheal events			18	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cooking time and temperatures		
Good Hygienic Practices							
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O Proper eating, tasting, drinking, or tobacco use			19	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper reheating procedures for hot holding		
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O No discharge from eyes, nose, and mouth			20	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Proper cooling time and temperature		
Preventing Contamination by Hands							
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O Hands clean and properly washed			21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper hot holding temperatures		
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper cold holding temperatures		
10	<input checked="" type="radio"/> In <input type="radio"/> Out Adequate handwashing sinks properly supplied and accessible			23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O Proper date marking and disposition		
Approved Source							
11	<input checked="" type="radio"/> In <input type="radio"/> Out Food obtained from approved source			24	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Time as a Public Health Control; procedures & records		
12	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Food received at proper temperature			Consumer Advisory			
13	<input checked="" type="radio"/> In <input type="radio"/> Out Food in good condition, safe, and unadulterated			25	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A Consumer advisory provided for raw/undercooked food		
14	<input type="radio"/> In, <input type="radio"/> Out, <input type="radio"/> N/A, <input type="radio"/> N/O Required records available: shellstock tags, parasite destruction			Highly Susceptible Populations			
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
Safe Food and Water							
30	Pasteurized eggs used where required			Proper Use of Utensils			
31	Water and ice from approved source			43	In-use utensils: properly stored		
32	Variance obtained for specialized processing methods			44	Utensils, equipment & linens: properly stored, dried, & handled		
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control			45	Single-use/single-service articles: properly stored and used		
34	Plant food properly cooked for hot holding			46	Gloves used properly		
35	Approved thawing methods used			Utensils, Equipment and Vending			
36	Thermometers provided & accurate			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
Food Identification							
37	Food properly labeled; original container			48	Warewashing facilities: installed, maintained, & used; test strips		
Prevention of Food Contamination							
38	Insects, rodents, and animals not present			49	Non-food contact surfaces clean		
39	<input checked="" type="checkbox"/> Contamination prevented during food preparation, storage and display			Physical Facilities			
40	Personal cleanliness			50	Hot and cold water available; adequate pressure		
41	Wiping cloths: properly used and stored			51	Plumbing installed; proper backflow devices		
42	Washing fruits and vegetables			52	Sewage and waste water properly disposed		
Employee Training							
53				53	Toilet facilities: properly constructed, supplied, & cleaned		
57	All food employees have food handler training			54	Garbage & refuse properly disposed; facilities maintained		
58	Allergen training as required			55	<input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean		
				56	Adequate ventilation and lighting; designated areas used		

Food Establishment Inspection Report

Establishment: Sonic Establishment #: 834
 Water Supply: Public Private Waste Water System: Public Private
 Sanitizer Type: Quat PPM: 200 Heat: n/a

TEMPERATURE OBSERVATIONS							
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Ice Cream	38°	Fruit on ice	39°	Hot hold			
Topping cooler	34°	Burger cooler	13°	• Eggs	146°		
Ice Cream	34°	Walk in	39°	• Burger	147°		
		Comdog cooler	37°	• Chicken	145°		
Make table				• Bacon	135		
• Tomatoes	40°						
• Bottom	40°						
Cheese on ice	39°						

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
39/55	Repair Beverage air freezer near frier area + Walk in freezer to no longer get ice buildup + drip onto food products below. This is a potential contamination issue + needs addressed. Do not store any food items under where ice is dripping.	NRI
55	Clean Ceiling area around 3- compartment sink. Dust noted on ceiling above.	NRI
55	Replace broken ceiling or Cracked Floor tiles throughout facility along with regrouting facility to ensure floor is smooth + easily cleanable. You can't have water standing in grout or floating tiles.	NRI
Notes		
* This sheet serves as your probationary + 2 week routine inspection. Once all paperwork + fees are		

CFPM Verification (name, expiration date, ID#):
On file @ Health Dept.

HACCP Topic: 16, 28, 22, 2, 10

[Signature] Person in Charge (Signature) 4/5/21 Date

[Signature] Inspector (Signature) Follow-up: Yes No (Check one) Follow-up Date: _____

