

Food Establishment Inspection Report

Score: 96

Establishment Name: SONIC DRIVE-IN

Establishment ID: 3034014111

Location Address: 2615 LEWISVILLE-CLEMMONS ROA

City: CLEMMONS State: North Carolina

Zip: 27012 County: 34 Forsyth

Permittee: BOOM OF NORTH CAROLINA, INC

Telephone: (336) 712-9710

Inspection Re-Inspection Educational Visit

Wastewater System:

Municipal/Community On-Site System

Water Supply:

Municipal/Community On-Site Supply

Date: 03/19/2024 Status Code: A

Time In: 12:40 PM Time Out: 2:30 PM

Category#: II

FDA Establishment Type: Fast Food Restaurant

No. of Risk Factor/Intervention Violations: 3

No. of Repeat Risk Factor/Intervention Violations: 1

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

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

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658					
30	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/>				
Pasteurized eggs used where required		1	0.5	0	
31	<input checked="" type="checkbox"/> OUT				
Water and ice from approved source		2	1	0	
32	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/>				
Variance obtained for specialized processing methods		2	1	0	
Food Temperature Control .2653, .2654					
33	<input checked="" type="checkbox"/> OUT				
Proper cooling methods used; adequate equipment for temperature control		1	0.5	0	
34	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>				
Plant food properly cooked for hot holding		1	0.5	0	
35	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/>				
Approved thawing methods used		1	0.5	0	
36	<input checked="" type="checkbox"/> OUT				
Thermometers provided & accurate		1	0.5	0	
Food Identification .2653					
37	<input checked="" type="checkbox"/> OUT				
Food properly labeled: original container		2	1	0	
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	<input checked="" type="checkbox"/> OUT				
Insects & rodents not present; no unauthorized animals		2	1	0	
39	<input checked="" type="checkbox"/> OUT				
Contamination prevented during food preparation, storage & display		2	1	0	
40	<input checked="" type="checkbox"/> OUT				
Personal cleanliness		1	0.5	0	
41	<input checked="" type="checkbox"/> OUT				
Wiping cloths: properly used & stored		1	0.5	0	
42	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Washing fruits & vegetables		1	0.5	0	
Proper Use of Utensils .2653, .2654					
43	<input checked="" type="checkbox"/> OUT				
In-use utensils: properly stored		1	0.5	0	
44	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T				
Utensils, equipment & linens: properly stored, dried & handled		1	<input checked="" type="checkbox"/>	0	
45	<input checked="" type="checkbox"/> OUT				
Single-use & single-service articles: properly stored & used		1	0.5	0	
46	<input checked="" type="checkbox"/> OUT				
Gloves used properly		1	0.5	0	
Utensils and Equipment .2653, .2654, .2663					
47	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T				
Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used		1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
48	<input checked="" type="checkbox"/> OUT				
Warewashing facilities: installed, maintained & used; test strips		1	0.5	0	
49	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T				
Non-food contact surfaces clean		1	<input checked="" type="checkbox"/>	0	<input checked="" type="checkbox"/>
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Hot & cold water available; adequate pressure		1	0.5	0	
51	<input checked="" type="checkbox"/> OUT				
Plumbing installed; proper backflow devices		2	1	0	
52	<input checked="" type="checkbox"/> OUT				
Sewage & wastewater properly disposed		2	1	0	
53	<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A				
Toilet facilities: properly constructed, supplied & cleaned		1	0.5	0	
54	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T				
Garbage & refuse properly disposed; facilities maintained		1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
55	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T				
Physical facilities installed, maintained & clean		<input checked="" type="checkbox"/>	0.5	0	<input checked="" type="checkbox"/>
56	<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> T				
Meets ventilation & lighting requirements; designated areas used		1	0.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TOTAL DEDUCTIONS:					4



Comment Addendum to Food Establishment Inspection Report

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 Wastewater System: Municipal/Community On-Site System
 Water Supply: Municipal/Community On-Site System
 Permittee: BOOM OF NORTH CAROLINA, INC
 Telephone: (336) 712-9710

Establishment ID: 3034014111
 Inspection Re-Inspection Date: 03/19/2024
 Educational Visit Status Code: A
 Comment Addendum Attached? Category #: II
 Email 1: store3216@sonicpartnernet.com
 Email 2:
 Email 3:

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
burger/hot hold on grill	159				
tater tot/hot hold	144				
chicken tender/hot hold	160				
corn dog /hot hold	157				
strawberry topping /small prep cooler by soft serve	37				
soft serve mix/soft serve machine	39				
soft serve mix/3 door Traulsen	38				
hot dog/3 door Traulsen	38				
hot dogs/small prep cooler at line	39				
shredded cheese/small prep cooler at line	41				
shredded lettuce/large prep cooler	40				
sliced tomato/large prep cooler	40				
chili/steam unit	150				
hot dog/steam unit DISCARDED	120				
hot water/3 comp sink	151				
quat sanitizer/3 comp sink dispenser (ppm)	400				
quat sanitizer/towel bucket (ppm)	300				

Person in Charge (Print & Sign): *First* Brittnei

Last Ruppert

Brittnei Ruppert

Regulatory Authority (Print & Sign): *First* Aubrie

Last Welch

Aubrie Welch

REHS ID: 2519 - Welch, Aubrie Verification Dates: Priority: _____ Priority Foundation: _____ Core: _____

REHS Contact Phone Number: (336) 703-3131 Authorize final report to be received via Email: _____

Comment Addendum to Inspection Report

Establishment Name: SONIC DRIVE-IN

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Date: 03/19/2024 **Time In:** 12:40 PM **Time Out:** 2:30 PM

Certifications

Name	Certificate #	Type	Issue Date	Expiration Date
Chandler Peterson		Food Service		05/11/2028

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.

- 10 6-301.12 Hand Drying Provision (Pf) Front hand sink and both restroom hand sinks without paper towels; REHS used last of paper towels in back hand sink during inspection. Each handwashing sink shall be provided with individual, disposable towels. CDI - REHS placed napkins at hand sinks in the kitchen; paper towels purchased during inspection and placed at hand sinks.
- 16 4-601.11 (A) Equipment, Food-Contact Surfaces, Nonfood Contact Surfaces, and Utensils REPEAT- (Pf) beige plastic pans with what appears to be white lint, plastic and metal containers, knife with food debris. Food contact surfaces shall be clean to sight and touch. CDI - placed at 3 comp sink for recleaning.
- 21 3-501.16 (A) (1) Time / Temperature Control for Safety Food, Hot and Cold Holding (P) Hot dogs in steam unit 120-128F. Maintain TCS foods in hot holding at 135F or above. CDI - hot dogs discarded.
- 44 4-903.11 (A), (B), and (D) Equipment, Utensils, Linens and Single-Service and Single-Use Articles Storing (C) Buildup on magnetic knife rack, red tray used to store misc. utensils. Cleaned equipment and utensils shall be stored in a clean, dry location where they are not exposed to splash, dust, or other contamination.
- 47 4-501.11 Good Repair and Proper Adjustment - Equipment (C) REPEAT - Replace pink stained white inset for burger freezer. Replace damaged wheels on equipment, esp. burger freezer. Repair UHT cabinet. Repair metal strip in 3 door Traulsen cooler next to ice machine. Equipment shall be maintained in good repair.
- 49 4-602.13 Nonfood Contact Surfaces - REPEAT - cleaning is needed throughout, including but not limited to: sides and bases of fryers due to grease buildup, floor in walk-in freezer, black bins holding condiments/flatware at drive-thru. Nonfood contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.
- 54 5-501.111 Area, Enclosures and Receptacles, Good Repair (C) REPEAT - Damaged fence at dumpster enclosure. Storage areas, enclosures, and receptacles for refuse, recyclables, and returnables shall be maintained in good repair.
- 55 6-501.11 Repairing - Premises, Structures, Attachments, and Fixtures - Methods - REPEAT - floor in poor condition, and continuing to deteriorate, with cracked/missing/low tiles creating areas where water collects and pools such as by soft serve machine. Loose floor tiles in several areas of kitchen. Ceiling grid sagging. Coving tiles missing in several areas such as behind drink machine, under 3 comp sink, 1/2 wall behind tea urns, behind flat top grill. Tiles missing around floor drain for 3 comp sink. Seal ceiling around hoses for bag-in-box. Physical facilities shall be maintained in good repair.
- 56 6-303.11 Intensity - Lighting (C) REPEAT - Lighting in walk-in freezer is 2-3 foot-candles, and should be a minimum of 10 foot-candles. Lighting at cook line is 20-40 foot-candles, and should be a minimum of 50 foot-candles at a surface where a food employee is working with food.

Additional Comments

Next inspection due July 1 - December 31