



FI-3442

Date: 10/25/2023	Time in: 08:11	License/Permit # 0	Est. Type SD	Risk Category SD	Page <u>1</u> of <u>2</u>																																																																																																																																																																																																																		
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other		TOTAL/SCORE		85																																																																																																																																																																																																																			
Establishment Name: Sonic		Contact/Owner Name: Madeleine				Number of Repeat Violations: <u>0</u> Number of Violations COS: <u>0</u>																																																																																																																																																																																																																	
Physical Address: 11601 US-380		Pest control : NA				Grease trap : NA																																																																																																																																																																																																																	
Follow-up: No																																																																																																																																																																																																																							
<p>Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W= Watch Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an <input checked="" type="checkbox"/> in appropriate box for R</p>																																																																																																																																																																																																																							
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FI-3442



Establishment Name: Sonic	Physical Address: 11601 US-380	City/State: Cross Roads, TX	License/Permit # 0	Page ___ of ___ 2 of 2
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
WIC	39°F				
WIF	0°F				
Chili	170°F				
Eggs	170°F				
RIR	39°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:
14	Observed the cook on his cell phone then proceeded to cook foods without washing hands for a minimum of twenty seconds. Before putting on a new pair of gloves employees must wash their hands.
20	Provide the grease trap ticket upon request.
21	Provide a valid Certified Food Manager on-site during all hours of operation. No CFM present during the inspection. Display in public view a valid CFM Certificate.
22	Provide valid Food Handler cards upon request.
32	Maintain all equipment in good repair or remove from the facility. Observed a refrigeration unit in the back area that is inoperable.
34	Observed more than three dead crickets in the back area of the facility. Seal the air gap at the back exit door.
37	Store all food items at least 6in. off the floor in the walk in freezer.
45	Observed cardboard on the floor in the walk in freezer. Cardboard is not an approved material. Provide a smooth, non-absorbing, and easily cleanable material such as a rubber mat.

Received by: (signature)	Print: Madeleine	Title: Person In Charge/ Owner Manager
Inspected by: (signature)	Print: Jeff Babina RS/CPO	Samples: Y <input checked="" type="radio"/> N <input type="radio"/> # collected N/A