



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL REGULATION AND LICENSURE  
**FOOD ESTABLISHMENT INSPECTION REPORT**

|                     |                      |
|---------------------|----------------------|
| DATE<br>01/24/2018  | Page 1 of 1          |
| TIME IN<br>10:06 AM | TIME OUT<br>10:34 AM |

|   |  |                                    |  |                                   |                    |
|---|--|------------------------------------|--|-----------------------------------|--------------------|
| ESTABLISHMENT NAME<br>Sonic                             |  | OWNER<br>Terry Johnson             |  | PERSON IN CHARGE<br>Nate Secatero |                    |
| ADDRESS<br>811 North Jefferson                          |  | ESTABLISHMENT LICENSE NO.          |  | COUNTY<br>Phelps                  | REGION<br>I        |
| CITY/ZIP CODE<br>St. James 65559                        |  | TELEPHONE NUMBER<br>(573) 265-3010 | FAX NUMBER   | SEWAGE DISPOSAL<br>Public         | P.H. PRIORITY<br>M |
| WATER SUPPLY<br>Community Date Sampled: N/A Result: N/A |  |                                    | FROZEN DESSERT<br>Approved Expires: 05/31/2018 License Number: 161-17919 |                                   |                    |

|  |                                   |  |                                      |  |                                      |                                 |
|--|-----------------------------------|--|--------------------------------------|--|--------------------------------------|---------------------------------|
| ESTABLISHMENT TYPE                             |                                   |  |                                      |  |                                      | PURPOSE                         |
| <input type="checkbox"/> Bakery                | <input type="checkbox"/> C. Store | <input type="checkbox"/> Caterer       | <input type="checkbox"/> Deli        | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Institution | <input type="checkbox"/> Mobile |
| <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> School   | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Summer F.P. | <input type="checkbox"/> Tavern        | <input type="checkbox"/> Temporary   | Follow-Up                       |

| FOOD PRODUCT | TEMP. (°F) | LOCATION | FOOD PRODUCT | TEMP. (°F) | LOCATION |
|--------------|------------|----------|--------------|------------|----------|
|              |            |          |              |            |          |
|              |            |          |              |            |          |
|              |            |          |              |            |          |
|              |            |          |              |            |          |

**CORE ITEMS**

| CODE REF. | DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.                                      | CORRECT BY |
|-----------|--|------------|
| 6-501.11  | Observed the trim is missing below the window above the three vat sink.<br>6-501.11 The physical facilities shall be maintained in good repair.  | 04/25/2018 |
| 6-501.11  | Observed a portion of the brick is missing on the exterior wall of facility. Note: facility is in the process of correcting.<br>6-501.11 The physical facilities shall be maintained in good repair. | 04/25/2018 |

**ACKNOWLEDGEMENT OF CRITICAL AND NON CRITICAL ITEMS**

By initialing here you, as the person in charge, acknowledge the following:  
 I am receiving the inspection report based on today's inspection, this inspection denoted 0 priority violations and 2 core violations of the food code. *[Signature]*  
 I am aware of each violation and the compliance date for each violation.  
 I have had ample opportunity to discuss each violation with the official who conducted the inspection.

**EDUCATION PROVIDED OR COMMENTS**

**INSPECTION INFORMATION**

|  |                  |  |
|--|------------------|--|
| RECEIVED BY (PERSON IN CHARGE/TITLE)<br>Nate Secatero / Manager <i>[Signature]</i> |                  | DATE<br>01/24/2018   |
| INSPECTOR/TELEPHONE NUMBER<br>Debbie Matlock / (573) 458-6010 <i>[Signature]</i>   | EPHS NO.<br>1508 | FOLLOW-UP<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|  |                  | DATE OF FOLLOW-UP<br>04/25/2018  |