

PURPOSE

Regular

Follow-Up

Complaint

Reported Illness

Other

Out-of-Business



CONSUMER HEALTH INSPECTION REPORT
 CITY OF SPRINGTOWN HEALTH DEPARTMENT
 P.O. Box 444 102 E. Second St.
 Springtown, Texas 76082
 Phone 817-220-4834



PERMIT STATUS

Current

Issued

Denied

Suspended

Revoked

Expired

Establishment Name: Sonic Drive-in Owner Name: Michael Mastigoda

Address: 429 W. 199 City: Springtown Zip: 76082 Mapsco: _____

CODE	ESTAB NUM.	MONTH	DAY	YEAR	TIME	PHONE NUMBER/AC	TYPE
		03	09	10	AM	512 356 614	FSE

Size / Staff 31 Certified Mgr. Required 1 Actual 6 25 F-14 ems -

DEMERITS (5 PTS)	Food (PHF) Temperature / Time Requirements	Remarks	COS
	Violations Require Immediate Corrective Action		
<u>N/A</u>	1. Proper Cooling for Cooked / Prepared Food		
<u>OK</u>	2. Cold Hold (41°F/45°F)		
<u>OK</u>	3. Hot Hold (140°F) <u>135°F</u>		
<u>N/A</u>	4. Proper Cooking Temperatures per PHF		
	5. Rapid Reheating (165°F in 2 Hrs)		
	Food Temperatures <u>chili - 147-158°F</u> <u>chili - reheated 1x</u>		
	<u>Hot dogs - 160°F</u> <u>brat - 157°F</u>		

DEMERITS (4 PTS)	Personnel / Handling / Source Requirements	Remarks	COS
	Violations Require Immediate Corrective Action		
	6. Personnel with Infections Restricted/Excluded		
	7. Proper / Adequate Handwashing		
	8. Good Hygienic Practices (Eating / Drinking / Smoking / Other)		
	9. Approved Source / Labeling		
	10. Sound Condition		
	11. Proper Handling of Ready-To-Eat Foods		
	12. Cross-Contamination of Raw / Cooked Foods / Other		
<u>X</u>	13. Approved Systems (HACCP Plans / Time as Public Health Control)	<u>Date labeled canadran</u>	
	14. Water Supply - Approved Source / Sufficient Capacity / Hot and Cold Under Pressure	<u>hadn't after</u>	

DEMERITS (3 PTS)	Facility and Equipment Requirements	Remarks	COS
	Violations Require Immediate Corrective Action, Not To Exceed 10 Days		
	15. Equipment Adequate to Maintain Product Temperature		
	16. Handwash Facilities Adequate and Accessible		
	17. Handwash Facilities with Soap and Towels		
	18. No Evidence of Insect Contamination		
	19. No Evidence of Rodents / Other Animals		
	20. Toxic Items Properly Labeled / Stored / Used		
	21. Manual Warewashing and Sanitizing at () ppm / temperature		
	22. Mechanical Warewashing and Sanitizing at () ppm / temperature		
	23. Approved Sewage / Wastewater Disposal System, Proper Disposal		
	24. Thermometers Provided / Accurate / Properly Calibrated (+/- 2°F)		
<u>X</u>	25. Food Contact Surfaces of Equipment and Utensils Cleaned / Sanitized / Good Repair	<u>clean from</u>	
	26. Posting of Consumer Advisories (Health / Raw Shellfish Warning / Buffet Plate)	<u>dirty evidence</u>	
	27. Food Establishment Permit	<u>incl - 1 eqs.</u>	

Subtotals	Other Violations - Violations Require Corrective Action, Not To Exceed 90 days Or The Next Inspection, Whichever Comes First	No. of Corrections	No. of Repeated Violations
5 Pts. <u>0</u>	<u>clean vent hood filters more often to prevent grease build up.</u>		
4 Pts. <u>4</u>			
3 Pts. <u>3</u>			
<u>7</u> Total Demerits	Failure to correct the items noted on this inspection sheet in the times shown may result in suspension or revocation of the associated permit.		
Inspected by: <u>D. Hall R.S.</u>	Print: <u>D. HALL</u>		
Received by: <u>[Signature]</u>	Print: <u>Michael Mastigoda Manager</u>		

(817) 220-4834
(817) 220-2006

CITY OF SPRINGTOWN

P.O. Box 444
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ESTABLISHMENT NAME: Smie

DATE: 3/9/10

ITEM NO.	REMARKS
	- Repair / replace door lock mechanism door closer - (at walk-in cooler entrance)