



SANITARY INSPECTION REPORT

Return w/in 2 wks

IDENTIFICATION					
OWNER INFORMATION <i>(Complete this section only if different from establishment information)</i>			ESTABLISHMENT INFORMATION		
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT PIC-Angelo			ESTABLISHMENT TRADING NAME Sonic Drive-In		
NUMBER AND STREET owner Komal Patel			NUMBER AND STREET 199 Rt 22 E		
COUNTY → 732-476-8822 cell		MUNICIPALITY Green Brook		ZIP CODE 08812	
MUNICIPALITY		STATE	COUNTY Somerset	TELEPHONE NO. 732-529-5225	
ZIP CODE	CO/MUN. CODE		ESTABLISHMENT STATE LICENSE NO. (If Appl.)	CO/MUN CODE	
INSPECTION					
TYPE OF ESTABLISHMENT 1 <input checked="" type="checkbox"/> RETAIL 2 <input type="checkbox"/> OTHER (Specify): 3 <input type="checkbox"/> 4 <input type="checkbox"/>		ESTABLISHMENT CODE	1 <input checked="" type="checkbox"/> INITIAL INSPECTION 2 <input type="checkbox"/> REINSPECTION (other than initial inspection)		
		GOODS 1 <input type="checkbox"/> DESTROYED 2 <input type="checkbox"/> EMBARGOED	TIME - (2400 HOURS)		
			DATE 8/20/21	BEGIN 11:30am	END 2:15pm
EVALUATION					
<input type="checkbox"/> SATISFACTORY		<input checked="" type="checkbox"/> CONDITIONALLY SATISFACTORY		<input type="checkbox"/> UNSATISFACTORY	
OFFICIAL(S)					
LOCAL BOARD OF HEALTH			INSPECTING OFFICIAL		
NAME, ADDRESS AND (print)			NAME OF INSPECTOR Shahira Morell		
			TITLE REHS		
TELEPHONE NUMBER 732-968-5151			INSPECTOR'S SIGNATURE Shahira Morell		
NAME OF HEALTH OFFICER Kevin Sumner			INSPECTOR'S PERM. REG. NO. B-164238	DATE 8/20/21	

RISK-BASED INSPECTION REPORT

Name of Establishment <i>Sonic Drive-In</i>	City <i>Green Brook</i>	Date of Inspection <i>8/20/21</i>	Risk Type
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FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

RISK FACTORS are improper practices identified as the most common factors resulting in foodborne illness (FBI). **INTERVENTIONS** are control measures to prevent FBI

Mark "X" in appropriate Box: IN=In Compliance; OUT=Not in Compliance; NO=Not Observed; NA=Not Applicable; COS=Corrected On-site. R in OUT Box=Repeat Violation.

MANAGEMENT AND PERSONNEL		IN	OUT	N.O.	N/A	COS	
1	PIC demonstrates knowledge of food safety principles pertaining to this operation.	X		----	----	----	
2	PIC in Risk Level 3 Retail Food Establishments is a certified food protection manager.			----		----	
3	Ill or injured foodworkers restricted or excluded as required.				----		
PREVENTING CONTAMINATION FROM HANDS		IN	OUT	N.O.	N/A	COS	
4	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.			X			
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.			X	----		
6	Handwashing facilities provided in toilet rooms and prep areas; convenient, accessible, unobstructed.	X		----	----		
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	X		----	----		
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	X					
FOOD SOURCE		IN	OUT	N.O.	N/A	COS	
9	All foods, including ice and water, from approved sources; with proper records	X		----	----		
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction						
11	PHFs received at 41°F or below. <i>Except: milk, shell eggs and shellfish (45°F)</i>			X			
FOOD PROTECTED FROM CONTAMINATION		IN	OUT	N.O.	N/A	COS	
12	Proper separation of raw meats and raw eggs from ready-to-eat foods provided	X		----			
13	Food protected from contamination	X		----	----		
14	Food contact surfaces properly cleaned and sanitized		X				
PHFs TIME/TEMPERATURE CONTROLS		IN	OUT	N.O.	N/A	COS	
15	SAFE COOKING TEMPERATURES (Internal temperatures for raw animal foods for 15 seconds) <i>Except: Foods may be served raw or undercooked in response to a consumer order and for immediate service.</i> 130°F for 112 minutes: Roasts or as per cooking chart found under 3.4(a)2; 145°F: Fish, Meat, Pork; 155°F: Ground Meat/Fish; Injected Meats; or Pooled Shell Eggs; 165°F: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat.						
16	PASTEURIZED EGGS: substituted for shell eggs in raw or undercooked egg-containing foods, i.e. Caesar salad dressing, hollandaise sauce, tiramisu, chocolate mousse, meringue, etc.						
17	COLD HOLDING: PHFs maintained at "Refrigeration Temperatures" (41°F)	X					
18	COOLING: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.						
19	COOLING: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours.						
20	REHEATING: PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding.						
21	HOT HOLDING: PHFs Hot Held at 135°F or above in appropriate equipment.		X			X	
22	TIME as a PUBLIC HEALTH CONTROL: Approval; written procedures; time marked; discarded in 4 hours.						
23	SPECIALIZED PROCESSING METHODS: Approval; written procedures; conducted properly.						
24	HIGHLY SUSCEPTIBLE POPULATIONS: Pasteurized foods used; prohibited foods not offered.			----			
GOOD RETAIL PRACTICES							
<p>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. <i>OUT= Not in Compliance; COS=Corrected On-site; For "Repeat" Violation: Mark "R" in OUT Box</i></p>							
SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION						OUT	COS
25	Hot and cold water available; adequate pressure.						
26	Food properly labeled, original container.						
27	Food protected from potential contamination during preparation, storage, display. <i>WALK-IN FREEZER</i>					X	
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.						
29	Raw fruits and vegetables washed prior to serving.						
30	Wiping cloths properly used and stored.					X	
31	Toxic substances properly identified, stored and used.						
32	Presence of insects/rodents minimized; outer openings protected; animals as allowed.					X	
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).						

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Handwritten notes

RISK-BASED INSPECTION REPORT (CONTINUED)

Name of Establishment <i>Sonic Drive-In</i>		City <i>Green Brook</i>	Date of Inspection <i>8/20/21</i>	Risk Type	
FOOD TEMPERATURE CONTROL				OUT	COS
34	Food temperature measuring devices provided and calibrated.				
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets).				
36	Frozen foods maintained completely frozen.				
37	Frozen foods properly thawed.			X	
38	Plant food for hot holding properly cooked to at least 135°F.				
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.				
EQUIPMENT, UTENSILS AND LINENS				OUT	COS
40	Materials, construction, repair, design, capacity, location, installation, maintenance. <i>range hoods, walk in</i>			X	
41	Equipment temperature measuring devices provided (refrigeration units, etc).				
42	In-use utensils properly stored.				
43	Utensils, single service items, equipment, linens properly stored, dried and handled.				
44	Food and non-food contact surfaces properly constructed, cleanable, used.			X	
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.				
PHYSICAL FACILITIES				OUT	COS
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.				
47	Sewage and waste water properly disposed.				
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.			X	
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.			X	
50	Adequate ventilation; lighting; designated areas used.				
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored; and garbage and refuse properly maintained.			X	
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.				
Item #	NJAC 8:24	REMARKS ("R" = Repeat violation from previous inspection)			
		<i>PIC - Angelo * There is NO INDOOR DINING</i>			
		<i>Pest Control - Westfield Pest Control</i>			
		<i>last serviced 8/13/21</i>			
		<i>Serve Safe - Komal Patel exp. 3/16/25</i>			
		<i>Justin Parrish exp 1/31/22</i>			
14		<i>Observed empty sanitizer buckets (red) throughout: NOT set up</i>			
30		<i>There was one container with water and rags but NO sanitizer used.</i>			
	<i>4.7(a)</i>	<i>Equipment food-contact surfaces and utensils shall be sanitized</i>			
Name of Inspecting Official <i>Shahira Morell</i>		Signature of Inspecting Official <i>Shahira Morell</i>		Name and Title of Person Receiving Copy of Report <i>X COMMUNITY COMM</i>	

CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <i>Sonic Drive-In</i>	DATE <i>8/20/21</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
21	<p>Observed the Hot holding of Hot Dogs off temp.</p> <ul style="list-style-type: none"> - container w/regular sized H.D. @ 80°F Possibly due to Hot being covered completely since there were many Hot dogs in unit - COS - STAFF member removed some items to allow for proper closure - Container w/extra long Hot Dogs @ 120°F • Containers need to be closed completely to maintain heat inside
8:24 3.5	<p>foods held at hot holding units shall be maintained at 135°F or above.</p>
27	<p>Observed some boxes on the floor in walk-in Freezer</p>
8:24-3.3g	<p>Foods shall be stored at least 6 inches above the floor in a clean, dry location, where it's not exposed to splash, dust, or other possible contaminants, to prevent food contamination</p>
37	<p>Observed bag of Chili being thawed in standing water in 3-compartment sink</p>

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SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Shayne Morell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i>
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CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <i>Sonic Drive In</i>	DATE <i>8/20/21</i>
MUNICIPALITY <i>Green Brook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
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8:24 - 3.5	Frozen Foods shall be thawed under refrigeration temp. @ <u>41</u> °F or completely submerged under <u>RUNNING</u> water of 70° or below * cold water *
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40 44	Observed grease accumulation on range hoods and Food stuff on multiple units throughout kitchen that are in use
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	Observed side wall inside walk-in Refrigerator with food debris
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8:24 - 4.1	4.5 Non Food Contact surfaces, equipment, and food contact surfaces shall be maintained clean and safe and shall be kept free of an accumulation of dust, dirt, food residue, and other debris
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48	Observed dirty bathroom sinks and rusted out (Floor heater in women's bathroom)
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49 51	Observed dining area, office area, storage area by ice machine in disarray (messy) and also dust accumulation on vents, and covers holding cups.
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	Observed garbage area w/ debris on floor/ground outside of containers and some grease accumulation on grease container and floor
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SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Mark Moul</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i>
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CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (Individual, Facility, Establishment, etc.) <i>SONIC Drive-In</i>	DATE <i>8/20/21</i>
MUNICIPALITY <i>Greenbrook</i>	TEL., CODE or ID NO.

ITEM NO.	REMARKS
<i>8:24-6.6 h</i>	<i>Toilet facilities shall be kept clean and in good repair</i>
<i>8:24-6.5</i>	<i>The physical facilities shall be maintained in good repair and shall be cleaned as often as necessary to keep them clean</i>
<i>50</i>	<i>Observed employee book bag stored on top of bag of onions</i>
<i>8:24-6.3 (d)</i>	<i>Ensure there is a designated area for personal belongs * which there is * REMIND Employers to keep their things ONLY in the locker space designated for them.</i>
	<i>- Observed back door not shut - there was a bread delivery during inspection</i>
	<i>- Observed 8:24-6.2 n Ensure back door remains closed to prevent insects or rodents from entering facility</i>
	<i>CONDITIONAL</i>
	<i>ISSUED Satisfactory</i>
	<i>will Return w/in 2 wks</i>

SIGNATURE OF INDIVIDUAL COMPLETING FORM <i>Shahid M. Horell</i>	SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED <i>[Signature]</i>
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