

Food Establishment Inspection Report

Score: 97

Establishment Name: SONIC #83171

Establishment ID: 3034012867

Location Address: 2005 SILAS CREEK PKWY

City: WINSTON SALEM State: North Carolina

Zip: 27103 County: 34 Forsyth

Permittee: KBP DRIVE IN LLC

Telephone: (336) 725-3111

☒ Inspection ☐ Re-Inspection ☐ Educational Visit**Wastewater System:**☒ Municipal/Community ☐ On-Site System**Water Supply:**☒ Municipal/Community ☐ On-Site Supply

Date: 05/28/2025 Status Code: A

Time In: 2:00 PM Time Out: 3:55 PM

Category#: II

FDA Establishment Type: _____

No. of Risk Factor/Intervention Violations: 0

No. of Repeat Risk Factor/Intervention Violations: 0

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"/> OUT/N/A	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
11	<input checked="" type="checkbox"/> OUT	Food obtained from approved source	2	1	0
12	<input checked="" type="checkbox"/> IN OUT	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 OUT	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	<input checked="" type="checkbox"/> OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	<input checked="" type="checkbox"/> OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
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"/> IN OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	<input checked="" type="checkbox"/> IN OUT/N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	<input checked="" type="checkbox"/> OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	<input checked="" type="checkbox"/> IN OUT	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	<input checked="" type="checkbox"/> IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	<input checked="" type="checkbox"/> IN OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	<input checked="" type="checkbox"/> IN OUT	Food additives: approved & properly used	1	0.5	0
28	<input checked="" type="checkbox"/> OUT/N/A	Toxic substances properly identified stored & used	2	1	0
Conformance with Approved Procedures .2653, .2654, .2658					
29	<input checked="" type="checkbox"/> IN OUT	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 OUT	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 OUT	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"/> OUT N/A N/O	Plant food properly cooked for hot holding	1	0.5	0
35	<input checked="" type="checkbox"/> OUT N/A N/O	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"/> IN	Contamination prevented during food preparation, storage & display	2	1	X
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 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"/> OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	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"/> OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	<input checked="" type="checkbox"/> OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	<input checked="" type="checkbox"/> IN	Non-food contact surfaces clean	X	0.5	0
Physical Facilities .2654, .2655, .2656					
50	<input checked="" type="checkbox"/> OUT 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 N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	<input checked="" type="checkbox"/> OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	<input checked="" type="checkbox"/> IN	Physical facilities installed, maintained & clean	X	0.5	0
56	<input checked="" type="checkbox"/> IN	Meets ventilation & lighting requirements; designated areas used	X	0.5	0
TOTAL DEDUCTIONS:					3



Comment Addendum to Food Establishment Inspection Report

Establishment Name: SONIC #83171

Location Address: 2005 SILAS CREEK PKWY

City: WINSTON SALEM State: NC

County: 34 Forsyth Zip: 27103

Wastewater System: ☒ Municipal/Community ☐ On-Site System

Water Supply: ☒ Municipal/Community ☐ On-Site System

Permittee: KBP DRIVE IN LLC

Telephone: (336) 725-3111

Establishment ID: 3034012867

☒ Inspection ☐ Re-Inspection Date: 05/28/2025

☐ Educational Visit Status Code: A

Comment Addendum Attached? ☒ Category #: II

Email 1: sonic3171@inspirepartners.net

Email 2: KBPLicensing@kbpBrands.com

Email 3: _____

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
chili/hot holding	158				
hot dog /hot holding	162				
ckn tender/hot holding	166				
corn dog /reach in 1	34				
ambient /reach in 1	33				
cheese /make unit 1	37				
ambient /make unit 1	36				
tomatoes /make unit 2	38				
lettuce /make unit 2	39				
hot water /front three comp	121				
hot water /back three comp sink	124				
quat sani/ sanitizer bucket	300				
quat sani /three comp sink	300				

Person in Charge (Print & Sign): *First* _____ *Last* _____

Regulatory Authority (Print & Sign): Shannon *First* _____ *Last* Maloney

[Signature]

[Signature]

Priority Foundation: _____ Core: _____

REHS ID: 2826 - Maloney, Shannon Verification Dates: Priority: _____

REHS Contact Phone Number: (336) 703-3132

Authorize final report to be received via Email: _____



North Carolina Department of Health & Human Services

Page 2 of _____

• Division of Public Health • Environmental Health Section
DHHS is an equal opportunity employer.
Food Establishment Inspection Report, 12/2023

• Food Protection Program



Comment Addendum to Inspection Report

Establishment Name: SONIC #83171

Establishment ID: 3034012867

Date: 05/28/2025 **Time In:** 2:00 PM **Time Out:** 3:55 PM

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.

- 39 3-305.11 Food Storage - Preventing Contamination from the Premises- Multiple items including but not limited to: onion rings, mozz sticks, fries etc. were stored uncovered in reach in freezer on make line. Store food in a clean, dry location, not exposed to contamination. Keep at least 6 inches above the floor.
- 49 4-602.13 Nonfood Contact Surfaces- Additional cleaning in the following areas: all cooler floors and all gaskets. Walk in freezer floor. Non-food contact surfaces of equipment shall be cleaned at frequency to prevent accumulation of soil residue.
- 55 6-201.11 Floors, Walls and Ceilings - Cleanability- Repair/ replace missing baseboard along three comp sink and back handwashing sink walls. Repair wall and sink that is loose on front handwashing sink. Establishment must provide floors, floor coverings, walls, wall coverings, and ceilings that are designed, constructed and installed so they are smooth and easily cleanable. Antislip floor coverings may be used for safety reasons.
- 56 6-202.12 Heating, Ventilation, Air Conditioning System Vents- Additional cleaning required along lights and vents throughout facility accumulating dust. Heating, ventilating, and air conditioning systems shall be designed and installed so that make-up air intake and exhaust vents do not cause contamination of food, food-contact surfaces, equipment, or utensils.