

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility SPEEDWAY #1261	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 2023211	Date 08/15/2023
Address 1529 MICHIGAN STREET	City/State/Zip Code SIDNEY OH 45365		
License holder SPEEDWAY LLC	Inspection Time 180	Travel Time 10	Category/Descriptive COMMERCIAL CLASS 3 <25,000 SQ. FT.
Type of inspection (check all that apply) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation		Follow-up date (if required) //	Water sample date/result (if required) //

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																							
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN = In compliance OUT = not in compliance N/O = not observed N/A = not applicable																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Compliance Status</th></tr> <tr><th colspan="2" style="text-align: center;">Supervision</th></tr> <tr><td>1</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Person in charge present, demonstrates knowledge, and performs duties</td></tr> <tr><td>2</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager</td></tr> <tr><th colspan="2" style="text-align: center;">Employee Health</th></tr> <tr><td>3</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Management, food employees and conditional employees; knowledge, responsibilities and reporting</td></tr> <tr><td>4</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Proper use of restriction and exclusion</td></tr> <tr><td>5</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events</td></tr> <tr><th colspan="2" style="text-align: center;">Good Hygienic Practices</th></tr> <tr><td>6</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco use</td></tr> <tr><td>7</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth</td></tr> <tr><th colspan="2" style="text-align: center;">Preventing Contamination by Hands</th></tr> <tr><td>8</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O Hands clean and properly washed</td></tr> <tr><td>9</td><td><input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility SPEEDWAY #1261	Type of Inspection sta	Date 08/15/2023
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable

Safe Food and Water		Utensils, Equipment and Vending	
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	54	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Pasteurized eggs used where required		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
	Proper cooling methods used; adequate equipment for temperature control		Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Plant food properly cooked for hot holding		Hot and cold water available; adequate pressure
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Approved thawing methods used		Plumbing installed; proper backflow devices
43	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	59	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
	Thermometers provided and accurate		Sewage and waste water properly disposed
Food Identification		60	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Toilet facilities: properly constructed, supplied, cleaned
	Food properly labeled; original container	61	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Prevention of Food Contamination			Garbage/refuse properly disposed; facilities maintained
45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	62	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
	Insects, rodents, and animals not present/outer openings protected		Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
46	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT
	Contamination prevented during food preparation, storage & display		Adequate ventilation and lighting; designated areas used
47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
	Personal cleanliness		Existing Equipment and Facilities
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Administrative	
	Wiping cloths: properly used and stored	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		901:3-4 OAC
	Washing fruits and vegetables	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
Proper Use of Utensils			3701-21 OAC
50	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
	In-use utensils: properly stored		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
	Utensils, equipment and linens: properly stored, dried, handled		
52	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
	Single-use/single-service articles: properly stored, used		
53	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
	Slash-resistant, cloth, and latex glove use		

Observations and Corrective Actions

Mark "X" in appropriate box for COS and R: **COS** = corrected on-site during inspection **R** = repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		All coolers holding food <= 41 F except those listed below. Hot food >= 135 F (holding) Good! Old dishwasher not being used at this time. Will not be used by staff until working properly.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Ensure all donuts in display case have a name label and that all donuts on display have an ingredient listing on the side of the case. Label name should be the same as that used for the ingredient listing.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		If not already present, please add thermometers to interior of iced coffee and nitro/cold brew machines to ensure the contents are held <= 41 F.	<input type="checkbox"/>	<input type="checkbox"/>
	Comment/ Obs		Recommend using Purell Food Service Sanitizer in vomit/diarrhea clean-up kit. Not sure if Clorox Cleaner w/ Bleach is effective against norovirus.	<input type="checkbox"/>	<input type="checkbox"/>
10	3717-1-06.2(B)	NC	Handwashing cleanser - availability. No hand soap at right hand wash sink in men's room. Please supply.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22	3717-1-03.4(F)(1)(b)	C	Time/temperature controlled for safety food - cold holding. Food in open air cooler near check-out is too warm (~43 F). Please adjust/repair so that TCS food is held <= 41 F. *PIC will adjust/repair. Milk and butter near the doors in the walkin cooler are too warm (~43-44 F). Air temperatur in cooler was around 42 F dring the entire inspection. Noticed that mutiple fan louvres are closed. Please adjust/repair so that all TCS food in unit holdss <= 41 F. *PIC will adjust/repair.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 08/15/2023
Environmental Health Specialist RUSTY SCHWEPE, REHS RS/SIT# 2993	Licensors: Sidney-Shelby County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 5302B The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)

State of Ohio
Continuation Report
 Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility SPEEDWAY #1261			Type of Inspection sta	Date 08/15/2023	
Observations and Corrective Actions (continued)					
Mark "X" in appropriate box for COS and R: COS = corrected on-site during inspection R = repeat violation					
Item No.	Code Section	Priority Level	Comment	COS	R
54	3717-1-04.4(A)(2)	NC	Equipment components kept intact, tight, and adjusted Door seal on beer cave is in poor condition. Also, numerous plastic seals in between doors on walkin cooler are broken. Please repalce damaged seals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. Interior of roller area prep cooler is dirty. Cleaning needed.	<input type="checkbox"/>	<input type="checkbox"/>
61	3717-1-05.4(P)	NC	Maintaining refuse areas and enclosures. Some loose trash/rubbish on ground in dumpster enclosre. Please collect and properly discard in dumpster.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions. Fan covers/louvres in walkin cooler are dirty. Cleaning needed. Area under coffee bar hand sink is quite dirty. Cleaning needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62	3717-1-06.4(A)	NC	Repairing. Wall just above prep counter in deli is damaged. Please repair to ensure cleanability. Found some water stains on ceiling tiles in retail and deli area. Please repair leaks and replace water damaged tiles to allow for future monitoring of site.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Person in Charge		Date 08/15/2023
Environmental Health Specialist RUSTY SCHWEPE, REHS	RS/SIT# 2993	Licensors: Sidney-Shelby County Health Department

PRIORITY LEVEL: C=CRITICAL NC = NON-CRITICAL

As per HEA 5351 The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)