

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                     |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|
| Name of facility<br>TRACK SIDE TREATS                                                                                                                                                                                                                                                                                                                                                                                                                                      | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br>2026026           | Date<br>08/17/2026                                         |
| Address<br>320 W. MAIN STREET                                                                                                                                                                                                                                                                                                                                                                                                                                              | City/State/Zip Code<br>ANNA OH 45302                                              |                                     |                                                            |
| License holder<br>DAN PLEIMAN                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inspection Time<br>60                                                             | Travel Time<br>15                   | Category/Descriptive<br>COMMERCIAL CLASS 4 <25,000 SQ. FT. |
| Type of inspection (check all that apply)<br><input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow Up<br><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)<br>/ / | Water sample date/result (if required)<br>/ /              |

## 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

| Compliance Status                                                                               |                                                                                                                                  | Compliance Status                                                                                                                                                                                                                                                              |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Supervision                                                                                     |                                                                                                                                  | Time/Temperature Controlled for Safety Food (TCS food)                                                                                                                                                                                                                         |                                                                                                                                  |
| 1                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 23                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Person in charge present, demonstrates knowledge, and performs duties                           |                                                                                                                                  | Proper date marking and disposition                                                                                                                                                                                                                                            |                                                                                                                                  |
| 2                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 24                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O |
| Certified Food Protection Manager                                                               |                                                                                                                                  | Time as a public health control: procedures & records                                                                                                                                                                                                                          |                                                                                                                                  |
| Employee Health                                                                                 |                                                                                                                                  | Consumer Advisory                                                                                                                                                                                                                                                              |                                                                                                                                  |
| 3                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 25                                                                                                                                                                                                                                                                             | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              |
| Management, food employees and conditional employees; knowledge, responsibilities and reporting |                                                                                                                                  | Consumer advisory provided for raw or undercooked foods                                                                                                                                                                                                                        |                                                                                                                                  |
| 4                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Highly Susceptible Populations                                                                                                                                                                                                                                                 |                                                                                                                                  |
| Proper use of restriction and exclusion                                                         |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 5                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 26                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Procedures for responding to vomiting and diarrheal events                                      |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                                                                                                                                                                            |                                                                                                                                  |
| Good Hygienic Practices                                                                         |                                                                                                                                  | Pasteurized foods used; prohibited foods not offered                                                                                                                                                                                                                           |                                                                                                                                  |
| 6                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | Chemical                                                                                                                                                                                                                                                                       |                                                                                                                                  |
| Proper eating, tasting, drinking, or tobacco use                                                |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 7                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 27                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| No discharge from eyes, nose, and mouth                                                         |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                                                                                                                                                                            |                                                                                                                                  |
| Preventing Contamination by Hands                                                               |                                                                                                                                  | Food additives: approved and properly used                                                                                                                                                                                                                                     |                                                                                                                                  |
| 8                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 28                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Hands clean and properly washed                                                                 |                                                                                                                                  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O                                                                                                                                               |                                                                                                                                  |
| 9                                                                                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | Conformance with Approved Procedures                                                                                                                                                                                                                                           |                                                                                                                                  |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed     |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 10                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 29                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Adequate handwashing facilities supplied & accessible                                           |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                                                                                                                                                                            |                                                                                                                                  |
| Approved Source                                                                                 |                                                                                                                                  | Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan                                                                                                                                                                                          |                                                                                                                                  |
| 11                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                              | 30                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Food obtained from approved source                                                              |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O                                                                                                                                               |                                                                                                                                  |
| 12                                                                                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O | 31                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Food received at proper temperature                                                             |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O                                                                                                                                               |                                                                                                                                  |
| 13                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                              | 32                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Food in good condition, safe, and unadulterated                                                 |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O                                                                                                                                               |                                                                                                                                  |
| 14                                                                                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O | 33                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Required records available: shellstock tags, parasite destruction                               |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O                                                                                                                                               |                                                                                                                                  |
| Protection from Contamination                                                                   |                                                                                                                                  | Special Requirements: Bulk Water Machine Criteria                                                                                                                                                                                                                              |                                                                                                                                  |
| 15                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 34                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Food separated and protected                                                                    |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O                                                                                                                                               |                                                                                                                                  |
| 16                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 35                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Food-contact surfaces: cleaned and sanitized                                                    |                                                                                                                                  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                                                                                                                                                                            |                                                                                                                                  |
| 17                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                              | Critical Control Point Inspection                                                                                                                                                                                                                                              |                                                                                                                                  |
| Proper disposition of returned, previously served, reconditioned, and unsafe food               |                                                                                                                                  | 36                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Time/Temperature Controlled for Safety Food (TCS food)                                          |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                                                                                                                                                                            |                                                                                                                                  |
|                                                                                                 |                                                                                                                                  | Process Review                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| 18                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 37                                                                                                                                                                                                                                                                             |                                                                                                                                  |
| Proper cooking time and temperatures                                                            |                                                                                                                                  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                                                                                                                                                                            |                                                                                                                                  |
| 19                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | <p><b>Risk Factors</b> are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.</p> <p><b>Public health interventions</b> are control measures to prevent foodborne illness or injury.</p> |                                                                                                                                  |
| Proper reheating procedures for hot holding                                                     |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 20                                                                                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper cooling time and temperatures                                                            |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 21                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| Proper hot holding temperatures                                                                 |                                                                                                                                  |                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| 22                                                                                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | Proper cold holding temperatures                                                                                                                                                                                                                                               |                                                                                                                                  |

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|                                              |                                      |                           |
|----------------------------------------------|--------------------------------------|---------------------------|
| <b>Name of Facility</b><br>TRACK SIDE TREATS | <b>Type of Inspection</b><br>sta ccp | <b>Date</b><br>08/17/2026 |
|----------------------------------------------|--------------------------------------|---------------------------|

## 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 | Pasteurized eggs used where required                                    | 54                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 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                              | Water and ice from approved source                                      | 55                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Warewashing facilities: installed, maintained, used; test strips                      |
| Food Temperature Control         |                                                                                                                               |                                                                         | 56                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Nonfood-contact surfaces clean                                                        |
| 40                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Proper cooling methods used; adequate equipment for temperature control | Physical Facilities             |                                                                                                                               |                                                                                       |
| 41                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plant food properly cooked for hot holding                              | 57                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 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 | Approved thawing methods used                                           | 58                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Plumbing installed; proper backflow devices                                           |
| 43                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Thermometers provided and accurate                                      | 59                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Sewage and waste water properly disposed                                              |
| Food Identification              |                                                                                                                               |                                                                         | 60                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Toilet facilities: properly constructed, supplied, cleaned                            |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Food properly labeled; original container                               | 61                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Garbage/refuse properly disposed; facilities maintained                               |
| Prevention of Food Contamination |                                                                                                                               |                                                                         | 62                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Physical facilities installed, maintained, and clean; dogs in outdoor dining areas    |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Insects, rodents, and animals not present/outer openings protected      | 63                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Adequate ventilation and lighting; designated areas used                              |
| 46                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | Contamination prevented during food preparation, storage & display      | 64                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Existing Equipment and Facilities                                                     |
| 47                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness                                                    | Administrative                  |                                                                                                                               |                                                                                       |
| 48                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Wiping cloths: properly used and stored                                 | 65                              | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 901:3-4 OAC                                                                           |
| 49                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables                                           | 66                              | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | 3701-21 OAC                                                                           |
| Proper Use of Utensils           |                                                                                                                               |                                                                         |                                 |                                                                                                                               |                                                                                       |
| 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 |                | Sloppy Joes 147 degrees F- hot holding<br>Shredded Chicken 152 degrees F- hot holding<br>Chili 152 degrees F- hot holding<br><br>Food Manager's Training present<br>Allergen declaration present | <input type="checkbox"/> | <input type="checkbox"/> |
| 35       | CCP-IV.0004  |                | Positive- Demonstration of Knowledge: The person in charge is Certified in Food Protection.                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 35       | CCP-VI.0018  |                | Positive- TCS Food: Observed hot foods being held at 135 F or above; cold foods being held at 41 F or below.                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                     |                                                             |
|---------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Person in Charge</b><br>DAN PLEIMAN                              | <b>Date</b><br>08/17/2026                                   |
| <b>Environmental Health Specialist</b><br>JAY STAMMEN RS/SIT# #2806 | <b>Licensors:</b><br>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)