

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

Name of facility <i>Speedway # 6327</i>	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number <i>2089</i>	Date <i>11/6/24</i>
Address <i>201 Wagner Ave</i>		City/State/Zip Code <i>Corcosville OH 45331</i>	
License holder <i>Speedway LLC</i>	Inspection Time <i>55</i>	Travel Time <i>10</i>	Category/Descriptive <i>C35</i>
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

Compliance Status	Compliance Status	
Supervision		
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	
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	
Certified Food Protection Manager	Time as a public health control: procedures & records	
Employee Health		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
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	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	
Procedures for responding to vomiting and diarrheal events	Pasteurized foods used; prohibited foods not offered	
Good Hygiene Practices		
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Chemical	
Proper eating, tasting, drinking, or tobacco use	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> N/A	
No discharge from eyes, nose, and mouth	Food additives: approved and properly used	
Preventing Contamination by Hands		
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	
Hands clean and properly washed	<input type="checkbox"/> N/A	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored, used	
<input type="checkbox"/> N/A <input type="checkbox"/> N/O	Conformance with Approved Procedures	
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/> N/A	
Approved Sources		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food obtained from approved source	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food received at proper temperature	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food in good condition, safe, and unadulterated	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Required records available: shellstock tags, parasite destruction	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	
Prevention from Contamination		
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food separated and protected	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	
16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Food-contact surfaces: cleaned and sanitized	<input type="checkbox"/> N/A	
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Proper disposition of returned, previously served, reconditioned, and unsafe food	<input checked="" type="checkbox"/> N/A	
Time/Temperature Controlled for Safety Food (TCS food)		
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT	
Proper cooking time and temperatures	<input type="checkbox"/> N/A	
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Variance	
Proper reheating procedures for hot holding		
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper cooling time and temperatures		
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		
Proper hot holding temperatures		
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Proper cold holding temperatures		

Risk factors are food preparation practices and employee behaviors that are identified as the most significant contributing factors to foodborne illness.

Public health interventions are control measures to prevent foodborne illness or injury.

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Speed way #1 (63)</i>	Type of Inspection <i>Standard</i>	Date <i>11/6/24</i>
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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 Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
39	<input 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 Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		Physical Facilities	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT Nonfood-contact surfaces clean
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	57	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Hot and cold water available; adequate pressure
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	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	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	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 type="checkbox"/> IN <input checked="" 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	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	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	Administrative	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A 901-3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	66	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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
56	4.5A3	NC	Observed following item needing cleaned - bottoms of all refrigerators and freezer units in back room, along w/ seals	<input type="checkbox"/>	<input type="checkbox"/>
10	5.10	C	Observed handsink by 3 bay sink blocked by cart. Cart moved during inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56	4.5A1	NC	Observed outside of top area in back room needing cleaned and soda fountain and water dispensers needing cleaned on outside	<input type="checkbox"/>	<input type="checkbox"/>
62	6.2B	NC	Observed floor throughout facility needing cleaned	<input type="checkbox"/>	<input type="checkbox"/>
59	4.4A	NC	Observed torn seats on several doors on beverage cooler	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Mason H. Cook</i>	Date: <i>11/6/24</i>
Environmental Health Specialist <i>Matt Epper</i>	Licensors: <i>DCHD</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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