

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|   |   |                              |  |
|---|---|------------------------------|--|
| Name of facility<br><b>Eldora Speedway (PH)</b>   | Check one<br><input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE | License Number<br><b>197</b> | Date<br><b>7/2/21</b>                  |
| Address<br><b>13889 St Rt 118</b>   | City/State/Zip Code<br><b>New Weston, Oh 45348</b>                                |                              |  |
| License holder<br><b>Eldora Speedway Inc</b>  | Inspection Time<br><b>30</b>  | Travel Time<br><b>10</b>     | Category/Descriptive<br><b>CSS</b>     |
| Type of Inspection (check all that apply)<br><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<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) | 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  |  |
|---|--|--|--|
| <b>Supervision</b>  |  | <b>Time/Temperature Controlled for Safety Food (TCS food)</b>  |  |
| 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 Proper date marking and disposition                             |
| 2   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 24   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures & records           |
| <b>Employee Health</b>  |  | <b>Consumer Advisory</b>   |  |
| 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 Consumer advisory provided for raw or undercooked foods                                      |
| 4   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | <b>Highly Susceptible Populations</b>  |  |
| 5   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 26   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Pasteurized foods used; prohibited foods not offered                              |
| <b>Good Hygienic Practices</b>                                |  | <b>Chemical</b>  |  |
| 6   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O                                 | 27   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Food additives: approved and properly used   |
| 7   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O                                 | 28   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A Toxic substances properly identified, stored, used   |
| <b>Preventing Contamination by Hands</b>                      |  | <b>Conformance with Approved Procedures</b>  |  |
| 8   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                                 | 29   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan        |
| 9   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 30   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Fresh Juice Production                    |
| 10  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 | 31   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Heat Treatment Dispensing Freezers        |
| <b>Approved Source</b>  |  | 32   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Custom Processing                         |
| 11  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 33   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria               |
| 12  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 34   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Acidified White Rice Preparation Criteria |
| 13  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | 35   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Critical Control Point Inspection  |
| 14  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O | 36   | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A Process Review   |
| <b>Protection from Contamination</b>                          |  | 37   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A Variance   |
| 15  | <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> |  |
| 16  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input type="checkbox"/> N/O |  |  |
| 17  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  |  |  |
| <b>Time/Temperature Controlled for Safety Food (TCS food)</b> |  |  |  |
| 18  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |  |
| 19  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |  |
| 20  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |  |
| 21  | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O |  |  |
| 22  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                 |  |  |

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

|  |                                       |                       |
|--|---------------------------------------|-----------------------|
| Name of Facility<br><b>Eldora Speedway PIT</b> | Type of Inspection<br><b>Standard</b> | Date<br><b>7/2/21</b> |
|--|---------------------------------------|-----------------------|

## 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Pasturized 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         |   | Physical Facilities   |    |   |  |             |
| 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 | 56 | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Nonfood-contact surfaces clean   |             |
| 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              |   | Administrative  |    |   |  |             |
| 44                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food properly labeled; original container                               | 65 | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A                              | 901:3-4 OAC  |             |
| Prevention of Food Contamination |   |   |    | 66  | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 3701-21 OAC |
| 45                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Insects, rodents, and animals not present/outer openings protected      |    |   |  |             |
| 46                               | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT   | Contamination prevented during food preparation, storage & display      |    |   |  |             |
| 47                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Personal cleanliness  |    |   |  |             |
| 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                                 |    |   |  |             |
| 49                               | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Washing fruits and vegetables   |    |   |  |             |
| 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                        |
|----------|--------------|----------------|--|-------------------------------------|--------------------------|
| 100      | 5.4H         | NC             | Observed # multiple female receptacles without lids. PIC stated that they would fix.   | <input type="checkbox"/>            | <input type="checkbox"/> |
| 40       | 3.2Q         | NC             | Observed various items throughout facility on the ground. m&ms, pickle juice, + carryout containers. PIC moved onto shelf 6" above floor | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |              |                | Thank you!   | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/> |
|          |              |                |  | <input type="checkbox"/>            | <input type="checkbox"/> |

|                                       |                          |
|---------------------------------------|--------------------------|
| Person in Charge<br><b>Todd Strub</b> | Date:                    |
| Sanitarian<br><b>Allison Beane</b>    | Licensor:<br><b>DCHD</b> |

PRIORITY LEVEL: C = CRITICAL NC = NON-CRITICAL