

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

Name of facility <i>Eldora Speedway Boardstand 2</i>		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number <i>11915</i>	Date <i>8-1-22</i>
Address <i>13889 S 21 St</i>		City/State/Zip Code <i>New Weston, OH 45348</i>		
License holder <i>Eldora Speedway Inc</i>		Inspection Time <i>30</i>	Travel Time <i>30</i>	Category/Descriptive <i>(CS)</i>
Type of Inspection (check all that apply) <input 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
<b>Supervision</b>	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Person in charge present, demonstrates knowledge, and performs duties
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Certified Food Protection Manager
<b>Employee Health</b>	
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Management, food employees and conditional employees; knowledge, responsibilities and reporting
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper use of restriction and exclusion
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Procedures for responding to vomiting and diarrheal events
<b>Good Hygienic Practices</b>	
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking, or tobacco use
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>	
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	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	Adequate handwashing facilities supplied & accessible
<b>Approved Source</b>	
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction
<b>Protection from Contamination</b>	
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food separated and protected
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food-contact surfaces: cleaned and sanitized
17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food
<b>Time/Temperature Controlled for Safety Food (TCS food)</b>	
18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time and temperatures
19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperatures
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <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
23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition
24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Time as a public health control: procedures & records
<b>Consumer Advisory</b>	
25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods
<b>Highly Susceptible Populations</b>	
26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used; prohibited foods not offered
<b>Chemical</b>	
27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used
28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored, used
<b>Conformance with Approved Procedures</b>	
29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan
30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production
31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Heat Treatment Dispensing Freezers
32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Custom Processing
33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Bulk Water Machine Criteria
34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Acidified White Rice Preparation Criteria
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Critical Control Point Inspection
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Process Review
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Variance
<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>	

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>21kura speedway Covardland 2</i>	Type of Inspection <i>Standard</i>	Date <i>8-1-2017</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

- 38  IN  OUT  N/A  N/O Pasturized eggs used where required
- 39  IN  OUT  N/A Water and ice from approved source

### Food Temperature Control

- 40  IN  OUT  N/A  N/O Proper cooling methods used; adequate equipment for temperature control
- 41  IN  OUT  N/A  N/O Plant food properly cooked for hot holding
- 42  IN  OUT  N/A  N/O Approved thawing methods used
- 43  IN  OUT  N/A Thermometers provided and accurate

### Food Identification

- 44  IN  OUT Food properly labeled; original container

### Prevention of Food Contamination

- 45  IN  OUT Insects, rodents, and animals not present/outer openings protected
- 46  IN  OUT Contamination prevented during food preparation, storage & display
- 47  IN  OUT  N/A Personal cleanliness
- 48  IN  OUT  N/A  N/O Wiping cloths: properly used and stored
- 49  IN  OUT  N/A  N/O Washing fruits and vegetables

### Proper Use of Utensils

- 50  IN  OUT  N/A  N/O In-use utensils: properly stored
- 51  IN  OUT  N/A Utensils, equipment and linens: properly stored, dried, handled
- 52  IN  OUT  N/A Single-use/single-service articles: properly stored, used
- 53  IN  OUT  N/A  N/O Slash-resistant, cloth, and latex glove use

### Utensils, Equipment and Vending

- 54  IN  OUT Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
- 55  IN  OUT  N/A Warewashing facilities: installed, maintained, used; test strips
- 56  IN  OUT Nonfood-contact surfaces clean

### Physical Facilities

- 57  IN  OUT  N/A Hot and cold water available; adequate pressure
- 58  IN  OUT  N/A  N/O Plumbing installed; proper backflow devices
- 59  IN  OUT  N/A Sewage and waste water properly disposed
- 60  IN  OUT  N/A Toilet facilities: properly constructed, supplied, cleaned
- 61  IN  OUT  N/A Garbage/refuse properly disposed; facilities maintained
- 62  IN  OUT  N/A  N/O Physical facilities installed, maintained, and clean; dogs in outdoor dining areas
- 63  IN  OUT Adequate ventilation and lighting; designated areas used
- 64  IN  OUT  N/A Existing Equipment and Facilities

### Administrative

- 65  IN  OUT  N/A 901:3-4 OAC
- 66  IN  OUT  N/A 3701-21 OAC

## 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
			<i>Satisfactory @ inspection</i>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>

Person In Charge <i>Todd Strub</i>	Date: <i>8/1/24</i>
Environmental Health Specialist <i>[Signature]</i>	Licensor: <i>PCAD</i>