

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

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility <i>Speed way # (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
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 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
Proper cooling methods used; adequate equipment for temperature control		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
Plant food properly cooked for hot holding		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
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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A
Personal cleanliness		Existing Equipment and Facilities	
48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Administrative	
Wiping cloths: properly used and stored		65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	901-3-4 OAC	
Washing fruits and vegetables		66	<input checked="" 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
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 of in back room needing cleaned and soda fountain and coffee 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 seals on several doors on beverage cooler	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge <i>Diana Neal</i>	Date: <i>11/6/24</i>
Environmental Health Specialist <i>Mandy Epper</i>	Licensors: <i>DCHD</i>

PRIORITY LEVEL: C= CRITICAL NC= NON-CRITICAL

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