

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility SPEEDWAY #9769	Check one <input type="checkbox"/> FSO <input checked="" type="checkbox"/> RFE	License Number 26	Date 08/29/2025
Address 497 GENERAL HARTINGER PKWY	City/State/Zip Code MIDDLEPORT OH 45760		
License holder SPEEDWAY LLC	Inspection Time 170	Travel Time 9	Category/Descriptive CLASS 3 <25,000 SQ. FT.
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) 09/21/2025	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 Person in charge present, demonstrates knowledge, and performs duties	23	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
2	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Certified Food Protection Manager	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 Management, food employees and conditional employees; knowledge, responsibilities and reporting	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 Proper use of restriction and exclusion	<b>Highly Susceptible Populations</b>	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Procedures for responding to vomiting and diarrheal events	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 Proper eating, tasting, drinking, or tobacco use	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Food additives: approved and properly used
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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 Hands clean and properly washed	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
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed	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
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A Adequate handwashing facilities supplied & accessible	31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <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 <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 Food obtained from approved source	33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Special Requirements: Bulk Water Machine Criteria
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Food received at proper temperature	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
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food in good condition, safe, and unadulterated	35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Critical Control Point Inspection
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: shellstock tags, parasite destruction	36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Process Review
<b>Protection from Contamination</b>		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A Variance
15	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	<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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Proper cooking time and temperatures		
19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 checked="" type="checkbox"/> N/O Proper cooling time and temperatures		
21	<input checked="" 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		

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<b>Name of Facility</b> SPEEDWAY #9769	<b>Type of Inspection</b> sta	<b>Date</b> 08/29/2025
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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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	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	55	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Warewashing facilities: installed, maintained, used; test strips
Food Temperature Control		56	<input type="checkbox"/> IN <input checked="" 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	Physical Facilities	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	58	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
43	<input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A Toilet facilities: properly constructed, supplied, cleaned
44	<input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	63	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
46	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	65	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A 901:3-4 OAC
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	66	<input 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		
51	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A		
52	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A		
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O		

## 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		ALL MACHINES THAT DRAIN TO THE DRAINAGE AREA IN THE BACK STORAGE AREA UNDER THE CABINET CANNOT BE USED UNTIL THE CLOGGED AND OVERFLOW HAS BEEN REPAIRED. PIPES THAT ARE DOWN INSIDE THE DRAIN NEED TO BE RAISED TO ENSURE THERE IS AN AIR GAP, AND PIPES ARE INDIRECTLY DRAINING.	<input type="checkbox"/>	<input type="checkbox"/>
2	3717-1-02.4(A)(2)	NC	Level Two Certified Manager OBSERVED THERE WAS NO DOCUMENTS SHOWING THE FACILITY HAS A STAFF MEMBER THAT HAS COMPLETED AND PASSED AN APPROVED LEVEL 2 MANAGER IN FOOD SAFETY COURSE.	<input type="checkbox"/>	<input type="checkbox"/>
15	3717-1-03.2(C)	C	Packaged and unpackaged food - preventing contamination by separation, packaging, and segregation. OBSERVED PACKAGE OF BEEF/CHEESE ROLL-UPS LEFT OPEN AND NOT PROPERLY STORED IN A CLOSE PACKAGE OR CONTAINER. PIC PUT IN CLOSED CONTAINER AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	3717-1-04.5(A)(1)	C	Cleanliness of equipment food-contact surfaces and utensils. OBSERVED THE ID ROLLERS AND TONGS FOR THE HOT DOGS/ROLL-UPS STORED IN CONTAINERS OF CLEAN ROLLERS. ITEMS WERE PLACED IN THE SINK TO BE WASHED AND SANITIZED AT THE TIME OF INSPECTION.  OBSERVED THE DRYING RACK FOR CLEAN FOOD UTENSILS AND EQUIPMENT WAS SOILED WITH A BROWN RESIDUE/LIQUID. DRYING RACK WAS PUT IN THE SINK TO BE WASHED AND SANITIZED AT THE TIME OF INSPECTION.  OBSERVED POP NOZZLES WITH BLACK RESIDUES. PIC REMOVED POP NOZZLES TO BE SOAKED	<input type="checkbox"/>	<input type="checkbox"/>

<b>Person in Charge</b> ELIZABETH FISHER RS/SIT# REHS #4130	<b>Date</b> 08/29/2025
<b>Environmental Health Specialist</b> ELIZABETH FISHER RS/SIT# REHS #4130	<b>Licensors:</b> Meigs 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)

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

Name of Facility SPEEDWAY #9769			Type of Inspection sta	Date 08/29/2025	
<b>Observations and Corrective Actions (continued)</b> 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
			AND THEN WASHED AND SANITIZED AT THE TIME OF INSPECTION.		
			OBSERVED ICE MACHINE WITH A LARGE ACCUMULATION OF BLACK RESIDUES AND DEBRIS INSIDE. SIGN WAS PUT ON ICE MACHINE THAT IT WAS OUT OF ORDER AT THE TIME OF INSPECTION. A 'CEASE USE' TAG WAS ALSO PLACED ON THE UNIT UNTIL THE ICE MACHINE HAS BEEN CLEANED AND SANITIZED. ICE MACHINE NEEDS TO BE FREE OF DEBRIS AND RESIDUES, AND ALL ICE NEEDS TO BE DISCARDED.		
23	3717-1-03.4(H)	C	Ready-to-eat, time/temperature controlled for safety food - disposition. OBSERVED AN OPEN CONTAINER OF HOT DOGS WITH A DISCARD DATE OF 8/28/2025. PIC DISCARDED HOT DOGS AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43	3717-1-04.1(Y)	NC	Temperature measuring devices. OBSERVED THE PIC COULD NOT LOCATE THE THERMOMETER INSIDE THE SMALL GRAB AND GO COOLER WITH COLD TCS FOOD ITEMS INSIDE.	<input type="checkbox"/>	<input type="checkbox"/>
44	3717-1-03.5(C)	NC	Food labels. OBSERVED THERE WAS NO INGREDIENT LABELS FOR THE GRAB AND GO DONUTS, ONLY POSSIBLE ALLERGEN LABELS.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(K)	C	Controlling pests. OBSERVED EVIDENCE OF MICE IN THE CABINETS UNDER THE FOOD ROLLER AND UNDER THE POP MACHINE. AREAS NEED TO BE CLEANED TO REMOVE EVIDENCE AND AREAS SANITIZED. PEST MANAGEMENT DOCUMENTS NEED TO BE PROVIDED TO THE HEALTH DEPARTMENT.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.4(L)	NC	Removing dead or trapped birds, insects, rodents, and other pests. OBSERVED DEAD MOUSE IN THE CABINET UNDER THE POP MACHINE. MOUSE SHOULD BE REMOVED AND AREA THOROUGHLY CLEANED AND SANITIZED.	<input type="checkbox"/>	<input type="checkbox"/>
45	3717-1-06.1(K)	NC	Insect control devices - design and installation. OBSERVED STICKY TRAPS/MONITORING DEVICES STORED ON THE FOOD COUNTERS AT THE SELF-SERVE AREAS AND ON THE COUNTER IN THE BACK WAREWASHING AREAS, AS WELL AS A MOUSE SNAP TRAP STORED ON THE COUNTER IN THE BACK WAREWASHING AREA. ALL RODENT/INSECT TRAPS AND MONITORING DEVICES SHOULD NOT BE LOCATED IN FOOD PREP AREAS.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-03.2(Q)	NC	Food storage - preventing contamination from the premises. OBSERVED BAG OF POP SYRUP ON THE FLOOR BY THE POP SYRUP STORAGE RACK. PIC PLACED BAG BACK ON THE RACK AT THE TIME OF INSPECTION.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
52	3717-1-04.8(E)(1)	NC	Single-service and single-use articles - storage OBSERVED BOXES OF SINGLE-USE ARTICLES INSIDE THE CABINETS UNDER THE SELF-SERVE COUNTER WITH DEBRIS AND SOILS INSIDE THE CABINETS. ITEMS SHOULD NOT BE STORED IN LOCATED THAT COULD LEAD TO POSSIBLE CONTAMINATION OF SINGLE-USE ARTICLES, SUCH AS CUPS, STRAWS, AND NAPKINS.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.4(D)	NC	Warewashing equipment - cleaning frequency. OBSERVED THE 3-COMPARTMENT SINK WITH RESIDUE BUILD-UP ON THE INSIDE OF THE SINK BASINS. 3-COMPARTMENT SINK SHOULD BE WASHED AND SANITIZED AT LEAST ONCE EVERY 24 HOURS OF USE.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(A)(3)	NC	Cleanliness of nonfood-contact surfaces of equipment. OBSERVED DEBRIS AND RESIDUES ON THE COUNTERS AROUND AND BEHIND THE POP/COFFEE MACHINES.  OBSERVED SPILLS AND DEBRIS INSIDE THE CABINETS UNDER THE CHEESE WARMER AND UNDER THE POP MACHINE.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge		Date 08/29/2025
Environmental Health Specialist ELIZABETH FISHER RS/SIT# REHS #4130	Licensor: Meigs County Health Department	

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As per HEA 5351 The Baldwin Group, Inc. (11/19)

As per AGR 1268 The Baldwin Group, Inc. (11/19)



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<b>Observations and Corrective Actions (continued)</b> 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		
			OBSERVED POP SYRUP BAG ACTIVLEY LEAKING ON THE COUNTER IN THE BACK WAREWASHING AREA.				
58	3717-1-05.1(D)	C	Backflow prevention - air gap.  OBSERVED DRAINAGE PIPES COMING FROM THE ICE MACHINE/POP MACHINE AND THE COFFEE MACHINES WERE EXTENDED DOWN INSIDE THE FLOOR DRAIN UNDER THE CABINET IN THE BACK WARE WASHING AREA. DRAINING FOOD EQUIPMENT NEED TO HAVE A PROPER AIR GAP, AND SHOULD BE INDIRECTLY DRAINED.  OBSERVED THE FLOOR DRAIN STATED ABOVE WAS NOT PROPERLY DRAINING, RESULTING IN GRAY WATER COMING IN CONTACT WITH THE DRAINAGE FOR THE FOOD EQUIPMENT STATED ABOVE. WATER WAS ALSO GOING ONTO THE FLOOR. AN OUT OF ORDER SIGN WAS PLACED ON ALL EQUIPMENT THAT THE PIC SUSPECTED TO BE DRAINING TO THE FLOOR DRAIN. THE POP/ICE MACHINE AND BOTH SCHAEERER COFFEE MACHINES WERE LABELED AS 'OUT OF ORDER' AT THE TIME OF INSPECTION. EQUIPMENT SHOULD NOT BE USED UNTIL DRAINAGE AND AIR GAP ISSUES HAVE BEEN CORRECTED. ICE MACHINE AND OTHER EQUIPMENT STATED NEEDS TO BE PROPERLY SANITIZED BEFORE RETURNING TO SERVICE AFTER THE DRAINAGE AND AIR GAP ISSUES HAVE BEEN FIXED.	<input type="checkbox"/>	<input type="checkbox"/>		
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair.  OBSERVED THE AERATOR ON THE HAND SINK IN THE WAREWASHING AREA WAS CLOGGED LEADING TO A LOWER FLOW. AERATOR SHOULD BE CLEANED.  OBSERVED THE FAUCET ON THE 3-COMPARTMENT SINK HAD A STEADY DRIP AND NEEDS REPAIRED.	<input type="checkbox"/>	<input type="checkbox"/>		
60	3717-1-06.4(H)	NC	Cleaning of Plumbing Fixtures  OBSERVED THE HAND SINK IN THE WAREWASHING AREA WAS SOILED AND NEEDED TO BE CLEANED.	<input type="checkbox"/>	<input type="checkbox"/>		
62	3717-1-06.4(B)	NC	Cleaning - frequency and restrictions.  OBSERVED THE FLOORS THROUGHOUT THE FACILITY, ESPECIALLY UNDER AND AROUND STORAGE RACKS AND EQUIPMENT IN THE BACK STORAGE AREA/OFFICE AND THE WAREWASHING ROOM. INCREASE CLEANING IN THESE AREAS.  OBSERVED WALLS AROUND THE HAND SINK AND THE 3-COMPARTMENT SINK WERE SOILED AND NEEDED TO BE CLEANED.  OBSERVED ACCUMULATIVE AMOUNT OF BOXES AND PRODUCT IN THE BACK STORAGE AREA, MAKING IT HARD TO CLEAN AND REMOVED SEND-BACK ITEMS.  OBSERVED ACCUMULATIVE AMOUNT OF BOXES, TOTES, AND PRODUCT IN THE WALK-IN COOLER, MAKING IT HARD TO CLEAN.  OBSERVED DEBRIS, BROKEN GLASS, CANNED AND BOTTLES PRODUCTS, AND SPILLS ON THE FLOOR OF THE WALK-IN COOLER. AREA NEEDS TO BE CLEANED MORE REGULARLY.  OBSERVED POP SYRUP SPILL WITH DERBIS IN THE CORNER BESIDE THE POP SYRUP STORAGE RACK.	<input type="checkbox"/>	<input type="checkbox"/>		

Person in Charge <i>Julie Mon</i>		Date 08/29/2025	
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