

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 05/27/2026
Address 497 GENERAL HARTINGER PKWY	City/State/Zip Code MIDDLEPORT OH 45760		
License holder SPEEDWAY LLC	Inspection Time 85	Travel Time 12	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) //	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		Time/Temperature Controlled for Safety Food (TCS food)			
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 <input type="checkbox"/> N/A <input type="checkbox"/> N/O		
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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
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	Consumer Advisory			
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		
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked foods			
Proper use of restriction and exclusion		Highly Susceptible Populations			
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Chemical			
Procedures for responding to vomiting and diarrheal events		26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Good Hygienic Practices					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Conformance with Approved Procedures			
Proper eating, tasting, drinking, or tobacco use		29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Reduced Oxygen Packaging, other specialized processes, and HACCP plan			
No discharge from eyes, nose, and mouth		30	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
Preventing Contamination by Hands					
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Special Requirements: Fresh Juice Production			
Hands clean and properly washed		31	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Special Requirements: Heat Treatment Dispensing Freezers			
No bare hand contact with ready-to-eat foods or approved alternate method properly followed		32	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Special Requirements: Custom Processing			
Adequate handwashing facilities supplied & accessible		33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
Approved Source					
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Special Requirements: Bulk Water Machine Criteria			
Food obtained from approved source		34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O		
12	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Special Requirements: Acidified White Rice Preparation Criteria			
Food received at proper temperature		35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Critical Control Point Inspection			
Food in good condition, safe, and unadulterated		36	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Process Review			
Required records available: shellstock tags, parasite destruction		37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A		
Protection from Contamination					
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Variance			
Food separated and protected		<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>			
16	<input checked="" 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					
Time/Temperature Controlled for Safety Food (TCS food)					
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 checked="" type="checkbox"/> N/A <input 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					

State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of Facility SPEEDWAY #9769	Type of Inspection sta	Date 05/27/2026
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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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A
Water and ice from approved source		Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		56	<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Nonfood-contact surfaces clean	
Proper cooling methods used; adequate equipment for temperature control		Physical Facilities	
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 type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	63	<input type="checkbox"/> IN <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 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 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

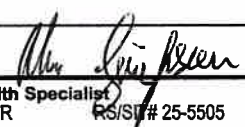
Item No.	Code Section	Priority Level	Comment	COS	R
	Comment/ Obs		POSITIVE COMMENT: ALL TEMPS ARE GOOD.	<input type="checkbox"/>	<input type="checkbox"/>
46	3717-1-06.3(D)	NC	Distressed merchandise - segregation and location. OBSERVED MULTIPLE DAMAGED OR EXPIRED ITEMS BEING STORED NEAR AND INSIDE THE MOP SINK. THE AREA IS NOT SPECIFICALLY DESIGNATED FOR DISTRESSED MERCHANDISE. ENSURE THE DAMAGED AND EXPIRED ITEM AREA IS LABELED.	<input type="checkbox"/>	<input type="checkbox"/>
54	3717-1-04.4(A)	NC	Equipment - good repair and proper adjustment. OBSERVED A LARGE BUILDUP OF SODA RESIDUE UNDERNEATH THE SODA MACHINE DUE TO A LEAK. ENSURE THE LEAK IS REPAIRED.	<input type="checkbox"/>	<input type="checkbox"/>
55	3717-1-04.2(I)	NC	Sanitizing solutions - testing devices. OBSERVED PIC WAS UNABLE TO LOCATE THE SANITIZING SOLUTION TESTING STRIPS AT THE TIME OF INSPECTION. ENSURE MORE TESTING STRIPS ARE PURCHASED TO ENSURE PROPER SANITIZATION.	<input type="checkbox"/>	<input type="checkbox"/>
56	3717-1-04.5(D)	NC	Nonfood-contact surfaces - cleaning frequency. OBSERVED A LARGE BUILDUP OF BLACK RESIDUE ON THE SPRAY NOZEL OF THE THREE COMPARTMENT SINK. ENSURE SPRAY NOZEL IS CLEANED MORE FREQUENTLY TO PREVENT BLACK RESIDUE BUILDUP.	<input type="checkbox"/>	<input type="checkbox"/>
58	3717-1-05.1(S)	NC	Plumbing system - maintained in good repair. OBSERVED A PLASTIC CUP BEING USED TO CATCH A DRIP IN THE CABINET NEAR THE THREE COMPARTMENT SINK. ENSURE LEAK IS REPAIRED. OBSERVED THE AERATOR TO BE MISSING IN THE PUBLIC RESTROOM. ENSURE AERATOR IS REPAIRED.	<input type="checkbox"/>	<input type="checkbox"/>
62	3717-1-06.0(A)	NC	Indoor areas - surface characteristics. OBSERVED MISSING OR DAMAGED TILES IN THE EMPLOYEE RESTROOM, PRESENTING A SURFACE THAT IS NOT SMOOTH OR EASILY CLEANABLE. ENSURE FLOOR TILES ARE REPAIRED OR REPLACED TO BE EASILY CLEANABLE.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge	Date 05/27/2026
Environmental Health Specialist MATTHEW METZGER RS/SIT# 25-5505	Licensor: 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 05/27/2026		
Observations and Corrective Actions (continued)					
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
63	3717-1-06.2(l)	NC	Physical facilities: numbers and capacities. OBSERVED THE PUBLIC RESTROOM TO BE WITHOUT A WORKING LIGHT. ENSURE THE LIGHT IS REPAIRED.	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge 	Date 05/27/2026
Environmental Health Specialist MATTHEW METZGER RS/SI# 25-5505	Licensors: Meigs County Health Department

PRIORITY LEVEL: C= CRITICAL NC = NON-CRITICAL
 As per HEA 5351 The Baldwin Group, Inc. (11/19)
 As per AGR 1268 The Baldwin Group, Inc. (11/19)