



# Ohio Department of Agriculture/Ohio Department of Health Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code



Name of facility RACEWAY MAINT. CORPORATION	Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License number 1641	Date 1/25/2009
Address 1300 SR 16 - MARIETTA	Category/Descriptive COMMERCIAL BREAD B		
License holder NOB MILE RACEWAY PARK, INC	Inspection time (min) 20	Travel time (min)	Other
Type of visit (check) <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Precertification <input type="checkbox"/> Consultation <input type="checkbox"/> Other specify	Follow-up date (if required)		Sample date/result (if required)

### 3717-1 OAC Violation Checked

#### Management and Personnel

<input type="checkbox"/>	2.1	Employee health
<input type="checkbox"/>	2.2	Personal cleanliness
<input type="checkbox"/>	2.3	Hygienic practices
<input type="checkbox"/>	2.4	Supervision

<input type="checkbox"/>	4.4	Maintenance and operation
<input type="checkbox"/>	4.5	Cleaning of equipment and utensils
<input type="checkbox"/>	4.6	Sanitizing of equipment and utensils
<input type="checkbox"/>	4.7	Laundrying
<input type="checkbox"/>	4.8	Protection of clean items

#### Poisonous or Toxic Materials

<input type="checkbox"/>	7.0	Labeling and identification
<input type="checkbox"/>	7.1	Operational supplies and applications
<input type="checkbox"/>	7.2	Storage and display separation

#### Food

<input type="checkbox"/>	3.0	Safe, unadulterated and honestly presented
<input type="checkbox"/>	3.1	Sources, specification and original containers
<input checked="" type="checkbox"/>	3.2	Protection from contamination after receiving
<input type="checkbox"/>	3.3	Destruction of organisms
<input type="checkbox"/>	3.4	Limitation of growth of organisms
<input type="checkbox"/>	3.5	Identity, presentation, on premises labeling
<input type="checkbox"/>	3.6	Discarding or reconditioning unsafe, adulterated
<input type="checkbox"/>	3.7	Special requirements for highly susceptible populations

#### Water, Plumbing, and Waste

<input type="checkbox"/>	5.0	Water
<input type="checkbox"/>	5.1	Plumbing system
<input type="checkbox"/>	5.2	Mobile water tanks
<input type="checkbox"/>	5.3	Sewage, other liquid waste and rainwater
<input type="checkbox"/>	5.4	Refuse, recyclables, and returnables

#### Special Requirements

<input type="checkbox"/>	8.0	Fresh juice production
<input type="checkbox"/>	8.1	Heat treatment dispensing freezers
<input type="checkbox"/>	8.2	Custom processing
<input type="checkbox"/>	8.3	Bulk water machine criteria
<input type="checkbox"/>	8.4	Acidified white rice preparation criteria
<input type="checkbox"/>	9.0	Facility layout and equipment specifications
<input type="checkbox"/>	20	Existing facilities and equipment

#### Equipment, Utensils and Linens

<input type="checkbox"/>	4.0	Materials for construction and repair
<input checked="" type="checkbox"/>	4.1	Design and construction
<input type="checkbox"/>	4.2	Numbers and capacities
<input type="checkbox"/>	4.3	Location and installation

#### Physical Facilities

<input type="checkbox"/>	6.0	Materials for construction and repair
<input type="checkbox"/>	6.1	Design, construction and installation
<input type="checkbox"/>	6.2	Numbers and capacities
<input type="checkbox"/>	6.3	Location and placement
<input type="checkbox"/>	6.4	Maintenance and operation

#### 901.3-4 OAC RFE Only

<input type="checkbox"/>	12	Articles — Cease use
<input type="checkbox"/>	13	Records
<input type="checkbox"/>	14	Food sample collected
<input type="checkbox"/>	15	Embargo of food/Voluntary destruction

#### 3701-21 OAC FSO only

<input type="checkbox"/>	27	Embargo of food, reference back to 901.3-4-15
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#### Violation(s)/Comment(s)

3.2) There was a lack of protection in the kitchen area. All food items to be protected by plastic wrap.

3.0) COMPASS WITH TEST STRIPS

HANDWASHING SINKS WITH WATER & SOAP AVAILABLE

FOOD STORAGE COVERED!

Inspected by AMANDA PATON	R.S./SIT # 82066	Licensor OHIO DEPT OF HEALTH PLST
Received by <i>[Signature]</i>	Title	Phone