RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name: Cracker Barrel # 393	Telephone Number: (765) Establishment / (998-7790) Owner	Date of Inspection (mm/dd/yr): 7-30-24	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 4984 Kay Bee Dr	Purpose: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: No	Release Date: 10 days
Owner: Cracker Barrel / Old Country Store		Summary of Violations: C 1 NC 3 R 1	
Owner's Address: Lebanon IN			
Person in Charge: Seth		Menu Type (See back of page): 1 2 3 b 4 5	
Responsible Person's E-mail: —			
Certified Food Handler: Grace Sinlan 8-2019			

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
295	C	✓	Clean dishes on line @ grill has dried food on them	
409	NC		Ceiling tiles throughout kitchen - soiled has dust on them.	
431	NC		Flooring under fryer has grease & food	
295	NC		Vents above grill to include back of hns grease built up.	

Received by (name and title printed): Seth Sinclair	Inspected by (name and title printed): Dean Smith
Received by (signature):	Inspected by (signature): Dean Smith FSIO
cc:	cc:
cc:	