



**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 <b>CRACKER BARREL</b>	Telephone Number <b>765</b>	Date of Inspection (mm/dd/yr) <b>2-23-22</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>4984 Kaybee Dr 695 City</b>	Owner <b>998-7790</b>		
Owner <b>CBOCS INC</b>	Purpose: <b>1. Routine</b>	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>305 Hartman Dr TN</b>	2. Follow-up	Summary of Violations: <b>C 2 NC 4 R 1</b>	
Person in Charge <b>GRACE</b>	3. Complaint		
Responsible Person's E-mail _____	4. Pre-Operational	Menu Type (See back of page) <b>1 2 3 X 4 5</b>	
Certified Food Handler <b>Grace Stanton Exp 8-14-2024</b>	5. Temporary		
	6. HACCP		
	7. Other (list) _____		

- 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
324	NC		Faucet on hand sink by coffee is leaking	30 days
417	NC		cell phone charging on shelf with clean plates and silverware	Today
295	NC		The following non food contact items are soiled with food debris 1) West end of kitchen by grill - grease 2) Bottom of prep table and dough area 3) buss cart by storage and deli tea panel	}
419	C		IBPROFEN sitting next to microwave	
431	NC	X	Under all equipment and back of has food and grease build up	
191	C		IN warmer corn 2-22 used by 6:47 PM still in warmer that was already cooled	

Received by (name and title printed): <b>Grace Stanton</b>	Inspected by (name and title printed): <b>Scott Kibendall / Dean Small</b>
Received by (signature): <i>Amara Akiba</i>	Inspected by (signature): <i>Scott Kibendall / Dean Small</i>
cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext 3123 / 3111  
Fax 765-651-2419

DATE: 2/24

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 2-23-22

DATE:	Action Taken:
<u>2/24</u>	<u>plumbers coming out to fix leak by coffee</u>
<u>2/24</u>	<u>New signs have been posted &amp; have talked with everyone about not having personal items in their work area.</u>
<u>2/24</u>	<u>Had the cooks clean all the shelves &amp; cleaned off all the bus carts.</u>
<u>2/24</u>	<u>Had a meeting with all managers to make sure all food is thrown out at appropriate times</u>

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Jason Harrison Title: GM

Establishment Name: Cracker Barrel

Address: 4984 S. Kay Bee Dr

Attach additional sheets as needed.