ECOLAB
When indicator turns black stated temperature has been achieved
160°F
71°C

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date: 10 Days
Date: July 23 2026
No. of Risk Factor/Intervention Violations: 2
No. of Repeat Risk Factor/Intervention Violations: 1
Time In: ~~—~~
Time Out: 27

Establishment	Address	City/State	Zip Code	Telephone
Cracker Barrel #393	4984 Kay Bee Dr.	Seo City	46933	7659987790

License/Permit #	Permit Holder	Purpose of Inspection	Est. Type	Risk Category
FEL-2026-0479	Old Country Store, INC	Routine	3	3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle 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

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

	Compliance Status		COS	R
Supervision				
1	IN OUT N/A N/O	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A N/O	Certified Food Protection Manager		
Employee Health				
3	IN OUT N/A N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT N/A N/O	Proper use of restriction and exclusion		
5	IN OUT N/A N/O	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices				
6	IN OUT N/A N/O	Proper eating, tasting, drinking, or tobacco products use		
7	IN OUT N/A N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands				
8	IN OUT N/A N/O	Hands clean & properly washed		
9	IN OUT N/A N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10	IN OUT N/A N/O	Adequate handwashing sinks properly supplied and accessible		
Approved Source				
11	IN OUT N/A N/O	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT N/A N/O	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination				
15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A N/O	Food-contact surfaces; cleaned & sanitized		

	Compliance Status		COS	R
17	IN OUT N/A N/O	Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety				
18	IN OUT N/A N/O	Proper cooking time & temperatures		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
20	IN OUT N/A N/O	Proper cooling time and temperature		
21	IN OUT N/A N/O	Proper hot holding temperatures		
22	IN OUT N/A N/O	Proper cold holding temperatures		
23	IN OUT N/A N/O	Proper date marking and disposition		
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records		
Consumer Advisory				
25	IN OUT N/A N/O	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations				
26	IN OUT N/A N/O	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances				
27	IN OUT N/A N/O	Food additives: approved & properly used		
28	IN OUT N/A N/O	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures				
29	IN OUT N/A N/O	Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

	Compliance Status		COS	R
Safe Food and Water				
30		Pasteurized eggs used where required		
31		Water & ice from approved source		
32		Variance obtained for specialized processing methods		
Food Temperature Control				
33		Proper cooling methods used; adequate equipment for temperature control		
34		Plant food properly cooked for hot holding		
35		Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification				
37		Food properly labeled; original container		
Prevention of Food Contamination				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food preparation, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

	Compliance Status		COS	R
Proper Use of Utensils				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single-service articles: properly stored & used		
46		Gloves used properly		
Utensils, Equipment and Vending				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & wastewater properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55	X	Physical facilities installed, maintained, & clean		X
56		Adequate ventilation & lighting; designated areas used		

Person In Charge (Signature): [signature] Date: 7-23-26

Inspector (Signature): [signature] 7510 [signature] RS

Follow-up: YES NO (Circle one) Follow-up Date:

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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

License/Permit # 226-0479 Date July 23 2026

Establishment	Address	City/State	Zip Code	Telephone
Cracker Barrel	4984 Kay Bee Dr.	Sbo City	46933	—

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
IN=in compliance OUT=not in compliance N/A=not applicable

Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection R=repeat violation

	Compliance Status			COS	R
57	IN OUT N/A N/O	Outdoor Food Operation			
58	IN OUT N/A N/O	Mobile Retail Food Establishment			

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
306 PF 16	The following Food Contact Items soiled with dry food and or other debris 1. Spatula, hangers (west East) ass clean 2. Warmer windows, tops	Today
442 C. 55 * Repeat *	Physical facilities in want of Repair Warewashing / Dish Room 1. Ceiling has dust, Rust and dark debris on it to include vents over clean return - needs to be cleaned or replaced 2. Flooring through out. Cracked missing tiles - water coming up in between tiles - needs to be fixed or Replaced smooth Easy cleanable - to prevent bacterial growth and accidents 3. Rust on clean lid Rack, need removed * Please email or fax work order to Local Health Department	45 Days

Person In Charge (Signature) [signature] Date:

Inspector (Signature) [signature] Date: 7-23-26