



**Texas Department of State Health Services
Retail Food Establishment Inspection Report**



Date: 10-27-22 Time in: 9:15am Time out: 10:10 am License/Permit # _____ Est. Type _____ Risk Category _____ Page 1 of 2

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL/SCORE _____

Establishment Name: Cracker Barrel 0196 Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 3401 I-30 West City/County: Greenville Zip Code: 75402 Phone: _____ Follow-up: Yes No (circle one)

A

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
 Mark the appropriate points in the OUT box for each numbered item. Mark a checkmark in appropriate box for IN, NO, NA, COS. Mark an asterisk * in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days					
Compliance Status					
OUT	IN	NO	NA	COS	R
Time and Temperature for Food Safety (F = degrees Fahrenheit)					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Proper cooling time and temperature					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper Cold Holding temperature(41°F/ 45°F)					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Proper Hot Holding temperature(135°F)					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper cooking time and temperature					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Proper reheating procedure for hot holding (165°F in 2 Hours)					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Time as a Public Health Control; procedures & records Approved Source					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Food Received at proper temperature					
Prevention from Contamination					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Food contact surfaces and Returnables: Cleaned and Sanitized at <u>200</u> ppm/temperature					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Proper disposition of returned, previously served or reconditioned					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Hands cleaned and properly washed/ Gloves used properly					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED <u>Y</u> <u>N</u>)					
Highly Susceptible Populations					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
Chemicals					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Food additives; approved and properly stored; Washing Fruits & Vegetables					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Toxic substances properly identified, stored and used					
Water/ Plumbing					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Approved Sewage/Wastewater Disposal System, proper disposal					

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Compliance Status					
OUT	IN	NO	NA	COS	R
Demonstration of Knowledge/ Personnel					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Person in charge present, demonstration of knowledge and perform duties/ Certified Food Manager (CFM)					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Food Handler/ no unauthorized persons/ personnel					
Safe Water, Recordkeeping and Food Package Labeling					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hot and Cold Water available; adequate pressure, safe					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled					
Conformance with Approved Procedures					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions					
Consumer Advisory					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Proper Date Marking and disposition					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips					
Permit Requirement, Prerequisite for Operation					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Food Establishment Permit (Current & Valid)					
Utensils, Equipment, and Vending					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Adequate handwashing facilities: Accessible and properly supplied, used					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First					
Compliance Status					
OUT	IN	NO	NA	COS	R
Prevention of Food Contamination					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. No Evidence of insect contamination, rodent/other animals <u>Ecolab 10-18-22</u>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Personal Cleanliness/eating, drinking or tobacco use					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Wiping Cloths; properly used and stored					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Environmental contamination					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Approved thawing method					
Proper Use of Utensils					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Single-service & single-use articles; properly stored and used					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Original container labeling (Bulk Food)					
Physical Facilities					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Non-Food Contact surfaces clean					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Adequate ventilation and lighting; designated areas used					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Garbage and Refuse properly disposed; facilities maintained					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Physical facilities installed, maintained, and clean					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Toilet Facilities; properly constructed, supplied, and clean					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Other Violations					

Received by: [Signature] Print: BRIAN PARKS Title: Person In Charge/ Owner
 Inspected by: Jammy McManahan R/S Print: TAMMY McManahan R/S Business Email: _____



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Establishment Name: Cracker Barrel Physical Address: 3401 I-30 West City/State: Greenville, TX License/Permit #: _____ Page 2 of 2

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot holding	155°F	Gravy	135°F		
Walk in	37°F	Fruit	31.5°F		
Reach in	37°F				
lettuce Make line	39°F				
tomatoes	33°F				
Pancakes	137°F				
Biscuits	144°F				
Bacon	157°F				

OBSERVATIONS AND CORRECTIVE ACTIONS
AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW:

- 42 Walls in dishroom observed with a mildew like substance. Drains observed moderately to heavily soiled
- 45 Damaged ceiling observed at the entrance to dish room. Vents and light coverings observed lightly soiled with dust
- * No hot water observed in ladies restroom. Contact plumber. Water temperature must be 100°F or higher.
- * Dedicate hand sinks Hand wash only
- * Employee wash hand signage in employee ladies room.
- * toilet in men's restroom (employee) observed with build up around rim.
- * Clean grease bin lid (top) and pick up trash around container.
- * Remove the wood from behind dumpsters
- * Clean dust pans drain plug needed

Received by: [Signature] Print: BRIAN PARRIS Title: Person in Charge/Owner
 Inspected by: Larry McManan R.S. Print: JAMMY McManan R.S. Title: GM
 Samples: Y N # collected