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 McClure Oil #4	**Telephone Number** ( ) Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 5-9-23	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 2915 S. Adams St.	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)*	**Follow-up** NO	**Release Date** 10 days
Owner McClure Oil Corp		**Summary of Violations:** C 1 NC 1 R —	
Owner's Address P.O. Box 1750			
Person in Charge Myers		**Menu Type** *(See back of page)* 1 2 N/A 3 4 5	
Responsible Person's E-mail			
Certified Food Handler N/A			

- 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
294	C		Sanitizer in 3 bay sink tested - tested 0 ppm	ASAP
295	NC		Pizza warmer (not in use) has dried food debris in side/bottom	Today

Received by *(name and title printed)*: Alexis Seacott Manager	Inspected by *(name and title printed)*: Drew Smith
Received by *(signature)*:	Inspected by *(signature)*: Drew Smith RS#0
cc:	cc:
	cc: