



**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 <i>McClure Oil/ Subway</i>		Telephone Number <i>765</i> Establishment <i>679-9771</i> Owner	Date of Inspection <i>1-26-23</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>162 N Main St Upland</i>		Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner <i>McClure Oil Corp</i>		Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	Menu Type (See back of page) <u> </u> 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5	
Owner's Address <i>P.O. Box 1750</i>			Person in Charge <i>Hamel</i>	
Responsible Person's E-mail			Certified Food Handler <i>Hamel Patrick exp 4-2026</i>	
<ul style="list-style-type: none"> • 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
			<i>- No violations on inspection -</i>	
Received by (name and title printed): <i>Amye Lewis Store Manager</i>			Inspected by (name and title printed): <i>Debra Smith FSE</i>	
Received by (signature): <i>[Signature]</i>			Inspected by (signature): <i>[Signature]</i>	
cc:		cc:		cc: