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 #10	**Telephone Number**: (765) Establishment / 674-9771 Owner	**Date of Inspection** (*mm/dd/yr*): 1-31-23	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 103 W Main St Gas City			
Owner: McClure Oil Corp	**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's Address: PO BOX 1750		**Summary of Violations:** C___ NC___ R___	
Person in Charge: Lois			
Responsible Person's E-mail: —		**Menu Type** (*See back of page*): 1___ 2 X 3___ 4___ 5___	
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
			NO VIOLATIONS	

Received by (*name and title printed*): Lois Petty	Inspected by (*name and title printed*): Scott Kendall
Received by (*signature*): Lois Petty	Inspected by (*signature*): Scott Kendall #5170
cc:	cc:
	cc: