



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 # 10</i>	Telephone Number <i>764-9771</i>	Date of Inspection <i>4-4-23</i>	ID # <i>29</i>
Establishment Address <i>722 N Washington St.</i>	Owner <i>McClure Oil Corp</i>	Follow-up <i>NU</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 1750 Marion</i>	Purpose: <input checked="" type="radio"/> Routine	Summary of Violations: <i>C / NC / R /</i>	
Person in Charge <i>DAWN</i>	2. Follow-up		
Responsible Person's E-mail	3. Complaint		
Certified Food Handler <i>N/A</i>	4. Pre-Operational	Menu Type (See back of page)	
	5. Temporary	<i>1</i> <input checked="" type="checkbox"/> <i>2</i> <input type="checkbox"/> <i>3</i> <input type="checkbox"/> <i>4</i> <input type="checkbox"/> <i>5</i> <input type="checkbox"/>	
	6. HACCP		
	7. Other (list)		

- 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>191</i>	<i>C</i>	<i>N</i>	<i>FN Cooler - (3) Turkey & American Lunchables 3-24-23 date</i>	<i>Removal</i>
<i>295</i>	<i>NC</i>		<i>Top of display def freezer soiled w/ debris</i>	<i>To buy</i>

Received by (name and title printed): <i>Dawn Money</i>	Inspected by (name and title printed): <i>Dean Smith PSPD</i>	
Received by (signature): <i>Dawn Money</i>	Inspected by (signature): <i>Dean Smith PSPD</i>	
cc:	cc:	cc: