



**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 Corp "Sunoco" #12</i>		Telephone Number <i>765</i>	Date of Inspection <i>4-13-23</i>	ID # <i>29</i>
Establishment Address (number and street, city, state, ZIP code) <i>3035 S Weechan Ave</i>		Establishment <i>(679-0771)</i>		
Owner <i>McClure Oil Corp</i>		Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up <i>NW</i>	Release Date <i>10 days</i>
Owner's Address <i>P.O. Box 1750</i>		<input type="radio"/> 2. Follow-up	Summary of Violations: <i>C - / NC / R -</i>	
Person in Charge <i>Joseph</i>		<input type="radio"/> 3. Complaint		
Responsible person's E-mail		<input type="radio"/> 4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>N/A</i>		<input type="radio"/> 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="radio"/> 6. HACCP		
		<input type="radio"/> 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>298</i>	<i>NC</i>		<i>Inside microwave is soiled</i>	<i>To Inspect</i>

Received by (name and title printed): <i>Joseph Phillips</i>	Inspected by (name and title printed): <i>Devin L... RSTO</i>
Received by (signature): <i>Joseph Phillips</i>	Inspected by (signature): <i>Devin L... RSTO</i>
cc:	cc: