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 Corp #7	**Telephone Number** 765 Establishment ( ) Owner 674-9771	**Date of Inspection** *(mm/dd/yr)* 12523	**ID #** 17
Establishment Address *(number and street, city, state, ZIP code)* 229 W Main St Gas City			
Owner McClure Oil Corp	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address PO Box 1750 Marion	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Michelle	4. Pre-Operational 5. Temporary	C___ NC___ R___	
Responsible Person's E-mail	6. HACCP 7. Other *(list)*	**Menu Type** *(See back of page)*	
Certified Food Handler NA		1___ 2 X 3___ 4___ 5___	

- 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*): Michelle Goff	Inspected by (*name and title printed*): Scott Kendall
Received by (*signature*): Michelle Goff	Inspected by (*signature*): Scott Kendall HSD

cc:	cc:	cc: