



**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**

7-26 AMs

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 #2</i>	Telephone Number () 785	Date of Inspection (mm/dd/yr) <i>5/9/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>15095 Western Ave, Marion</i>	Owner <i>Owner</i>	Follow-up <i>NO</i>	Release Date <i>100 days</i>
Owner's Address <i>Sample</i>	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <i>None</i> 	Summary of Violations: <i>Q - - - C</i>	
Person in Charge <i>None</i>		Menu Type (See back of page)	
Responsible Person's E-mail <i>None</i>		1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Certified Food Handler <i>N/A</i>			

- 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"

Received by (name and title printed):

Inspected by (name and title printed)

Received by (signature):

Inspected by (signature)

CC:

cc7

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