



# **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 <u>McClure Oil Corp</u>	Telephone Number (707) Establishment (674) Owner <u>674 9771</u>	Date of Inspection (mm/dd/yr) <u>1-13-25</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>229 W Moon St.</u>			
Owner <u>McClure Oil Corp</u>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <u> </u>	Follow-up <u>No</u>	Release Date <u>10 days</u>
Owner's Address <u>P.O. Box 1750</u>	Summary of Violations: <u> </u>		
Person in Charge <u>Cherry</u>	C <u> </u> NC <u> </u> R <u> </u>		
Responsible Person's E-mail <u> </u>	Menu Type (See back of page)		
Certified Food Handler <u> </u>	1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u>		

- 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 "P"

Received by (name and title printed):

Christy Davis

Inspected by (name and title printed):

*DEAN SMITH*

Received by (signature):

Charles D. Davis

Inspected by (signature):

Inspected by (Signature): Dean L. S. P. S. T. O.

cc:

CC

CC

## GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123/3111  
Fax 765-651-2419

DATE: 1-21-25

Foods@grant-county.net

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / April Legare from the Grant Co. Health Department on 1-13-25

Date: Action Taken:

1-13-25 Sent an email to Food service Dm for a stamp fee ice.  
1-21-25 Cleaned all the hard water from fountain machine tray.

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL/FAX WITHIN 10 DAYS)

Name of Respondent: Christy Davis Title: Store manager

Establishment Name: McClure Oil Store 7

Address: 229 W. Main St.