



**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 #11 / Subway</i>		Telephone Number () Establishment <i>() Owner</i>	Date of Inspection (mm/dd/yr) <i>3/5/24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>102 N Main St Upland</i>		<i>674-9771</i>		
Owner <i>McClure Oil Corp</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>10 days</i>	
Owner's Address <i>Same</i>	2. Follow-up	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>		
Person in Charge <i>Arnee</i>	3. Complaint	Menu Type (See back of page)		
Responsible Person's E-mail	4. Pre-Operational	1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u>X</u> 5 <u> </u>		
Certified Food Handler <i>Arnee Purvis 4/29/21</i>	5. Temporary			
	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>NO VIOLATIONS</i>	

Received by (name and title printed): <i>Arnee Purvis Store Mgr</i>	Inspected by (name and title printed): <i>April Legare FSD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: