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 #15	**Telephone Number** ( ) Establishment ( ) Owner: 674-9771	**Date of Inspection** (*mm/dd/yr*): 3/20/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 815 N Baldwin Ave Marion			
Owner: McClure Oil Corp	**Purpose:** 1. Routine (circled)	**Follow-up**: ND	**Release Date**: 10days
Owner's Address: Marion, In	2. Follow-up	**Summary of Violations:** C 1 NC 2 R 1	
Person in Charge: Aimee	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational 5. Temporary 6. HACCP	**Menu Type** (*See back of page*): 1 2 X 3 4 5	
Certified Food Handler: NA	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
298	NC	✓	Inside & top of Microwave Soiled with Food debris	Today
191	C		2 packs of Budding Cornbeef expired 3/12/24	Removed
297	NC		Cappuccino Nozzles are heavily Soiled	Today

Received by (*name and title printed*):	Inspected by (*name and title printed*): April Legare FSD
Received by (*signature*): Aimee Johnson	Inspected by (*signature*): April Legare
cc:	cc:
	cc: