



**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<br><b>McClure Oil #2</b>   | Telephone Number<br>( ) Establishment   | Date of Inspection<br>(mm/dd/yr)<br><b>2/12/24</b>  | ID #<br><b>27</b> |
| Establishment Address (number and street, city, state, ZIP code)<br><b>1509 S Western Ave</b> | ( ) Owner<br><b>814-9771</b>  | Follow-up: <b>NO</b> Release Date: <b>10 days</b>   |                   |
| Owner<br><b>McClure Oil Corp</b>  | Purpose:<br><input checked="" type="checkbox"/> 1. Routine<br><input type="checkbox"/> 2. Follow-up<br><input type="checkbox"/> 3. Complaint<br><input type="checkbox"/> 4. Pre-Operational<br><input type="checkbox"/> 5. Temporary<br><input type="checkbox"/> 6. HACCP<br><input type="checkbox"/> 7. Other (list) _____ | Summary of Violations:<br><br>C ___ NC ___ R ___  |                   |
| Owner's Address<br><b>Same</b>  |   | Menu Type (See back of page)<br>1 ___ 2 <input checked="" type="checkbox"/> 3 ___ 4 ___ 5 ___ |                   |
| Person in Charge<br><b>Nina Turner</b>  |   | Responsible Person's E-mail<br>_____  |                   |
| Certified Food Handler<br><b>NA</b>   |   |   |                   |

- 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 |
|----------|------|---|--|--------------------|
| 191      | C    |   | Expired Lunchable (TURKEY & cheese)<br>2/19/24 | Removed            |
|          |      |   |  |                    |
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|          |      |   |  |                    |

|   |  |
|---|--|
| Received by (name and title printed):<br><b>Nina Turner</b> | Inspected by (name and title printed):<br><b>Drilligane FSIO</b> |
| Received by (signature):<br><i>Nina Turner</i>              | Inspected by (signature):<br><i>Drilligane</i>                   |
| cc: _____   | cc: _____  |