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 Oil #3	**Telephone Number** () Establishment 765 () Owner 674-9771	**Date of Inspection** (*mm/dd/yr*): 11/14/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 130 So Branson St., Marion			
Owner: McClure Oil Corp.	**Purpose:** (1) Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10 Days
Owner's Address: Same.		**Summary of Violations:** C____ NC____ R____	
Person in Charge: Stephen			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 X 2 3 4 5	
Certified Food Handler: N/A			

- 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
169	C		Baggies (small) bought ice - needs to be labeled with: 1. Store name 2. address 3. Phone Number	ASAP

Received by (*name and title printed*):

Received by (*signature*):

Inspected by (*name and title printed*): Angela McCollum

Inspected by (*signature*): 7510

cc: | cc: | cc: