



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 48669 (R2/2-05)

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SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953**

9-26 (Ans)

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 () 715-874-9771	Date of Inspection (mm/dd/yr) 5/27/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 130 So. Brandon St. Marion			
Owner McClure Oil Corp.	Purpose: <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____ 	Follow-up NC	Release Date 10/04/25
Owner's Address Same	Summary of Violations: P - PF - E -		
Person in Charge Brandy	Menu Type (See back of page)		
Responsible Person's E-mail _____			
Certified Food Handler N/A	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

- 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"

Received by (name and title printed):

Received by (name and title printed)
Brady Saylor

Received by (signature):

Received by (signature):
Buddy Saylor
cc:

Inspected by (name and title printed):

Inspected by (name and title printed): John H. Johnson
Inspected by (signature): John H. Johnson

Inspected by (signature)

W. J. Collins #510

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