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 ( ) Owner 674-9771	**Date of Inspection** (*mm/dd/yr*): 3/14/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 130 S Branson St			
Owner: McClure Oil Group	**Purpose**: 1. Routine (circled) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) _____	**Follow-up**: NO	**Release Date**: 10days
Owner's Address: Same		**Summary of Violations**: C 1 NC 1 R —	
Person in Charge: Richard			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1 X 2 3 4 5	
Certified Food Handler: NA			

- 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		Microwave handle & inside of Microwave heavily soiled	Today
404	C		Eggs stored on top shelf - must be stored on bottom shelf	Today

Received by (*name and title printed*): Richard Neal

Received by (*signature*): Richard Neal

Inspected by (*name and title printed*): April Legare FSIO

Inspected by (*signature*): April Legare

cc: | cc: | cc: