



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R2/2-05)  
SDH Form 51-0001

SDII FORM 51-0001

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

7-26 (Amc)

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 <i>McGlure Oil #6</i>	Telephone Number ( Establishment Owner ) <i>765</i>	Date of Inspection (mm/dd/yr) <i>5/27/95</i>	ID # <i>37</i>
Establishment Address (number and street, city, state, ZIP code) <i>727 Washington, Maine</i>	Owner <i>McGlure Oil Corp.</i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>Same</i>	Purpose <ol style="list-style-type: none"> <li>1. Routine</li> <li>2. Follow-up</li> <li>3. Complaint</li> <li>4. Pre-Operational</li> <li>5. Temporary</li> <li>6. HACCP</li> <li>7. Other (list) _____</li> </ol>	Summary of Violations: <i>P ← PF ← E ←</i>	
Person in Charge <i>Dawn</i>	Menu Type (See back of page) <i>1 X 2 3 4 5</i>		
Responsible Person's E-mail <i>—</i>			
Certified Food Handler <i>N/A</i>			

- 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): <b>Dawn Marie Moncy</b>	Inspected by (name and title printed): <b>Cindra B. Johnson</b>	
Received by (signature): <b>Dawn Marie Moncy</b>	Inspected by (signature): <b>Cindra B. Johnson</b>	
cc:	cc:	cc: