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 #6	**Telephone Number** ( ) Establishment ( ) Owner: 674-9771	**Date of Inspection** (*mm/dd/yr*): 3-13-24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 722 N Washington St			
Owner: McClure Oil Group	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10days
Owner's Address: Same	2. Follow-up	**Summary of Violations:**	
Person in Charge: Cody	3. Complaint	C - NC 2 R -	
Responsible Person's E-mail	4. Pre-Operational	**Menu Type** (*See back of page*)	
	5. Temporary	1 X 2 3 4 5	
Certified Food Handler: NA	6. HACCP		
	7. Other (*list*)		

- **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		Micro wave soiled with dried food	Today
297	NC		Cappuccino Machine nozzels are soiled	5

Received by (*name and title printed*): Cody Polm	Inspected by (*name and title printed*): April Legare FSIO
Received by (*signature*): Cody Polm	Inspected by (*signature*): April Legare

cc:	cc:	cc: