



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 ~~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 Corp #12	Telephone Number () Establishment 6740771	Date of Inspection (mm/dd/yr) 5/29/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 5035 Western Ave, 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 NO	Release Date 10 Days
Owner's Address 5035	Summary of Violations: P - PF - R +		
Person in Charge Timber	Menu Type (See back of page)		
Responsible Person's E-mail _____			
Certified Food Handler N/A	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

- 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/N/C	R	Narrative	To Be Corrected By
4110(a) C	X		<p>storebagging ice, without label.</p> <p>(small ice) If bagging own ice you must have the</p> <p>store Name Address Phone Number on bags)</p> <p>(stick or write on)</p>	ASAP

Received by (name and title printed):

Amber

Inspected by (name and title printed):

Inspected by (Name and Initials): John H. Tolium
Inspected by (Signature): J. H. Tolium

Received by (signature):

Amber

Inspected by (signature)

W. Hall 2310

26

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CC