



## 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 <i>McClure Oil Corp #3</i>	Telephone Number (      ) Establishment (      ) Owner	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) <i>BON. Brandon St., Marion</i>	<i>9/23/25 27</i>		
Owner <i>McClure Oil Corp</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <hr/> <i></i>	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner's Address <i>same</i>	Summary of Violations:  <i>P      PC      R</i>		
Person in Charge			
Responsible Person's E-mail <i></i>	Menu Type (See back of page)		
Certified Food Handler <i>N/A</i>	1 <input checked="" type="checkbox"/> 2 <input checked="" 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):

Inspected by (name and title printed):

Received by (name and title printed):  
Jennifer Rangel

Received by (signature):

Inspected by (signature):

cc:

66

89