



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SFRL Form 74-1000

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 224, 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 #7	Telephone Number (785) Establishment (870-9771) Owner	Date of Inspection (mm/dd/yr) 7/1/25	ID # 27
Establishment Address (number and street, city, state, ZIP code) 229 W 11th Street, Topeka			
Owner McClure Oil Corp	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) _____	Follow-up NO	Release Date 100 Days
Owner's Address Sample	Summary of Violations: P R C		
Person in Charge Sue / Kayla	Menu Type (See back of page) 1 2 X 3 4 5		
Responsible Person's E-mail blueoil7@blueoil7.com			
Certified Food Handler N/A			

- 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"

P - Priority / Critical
PF - Priority Foundation / ASAP
C - Core / non. critical

Received by (name and title printed):

Inspected by (name and title printed)

Received by (signature)

Inspected by (signature)

cc:

CC7

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