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 #4	**Telephone Number** (748) Establishment ( ) Owner 674-9771	**Date of Inspection** (*mm/dd/yr*) 2-25-22	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 2915 S. Adams St.			
Owner McClure Oil Corp	**Purpose:** 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 P.O. Box 1750		**Summary of Violations:** C — NC — R —	
Person in Charge Angie			
Responsible Person's E-mail —		**Menu Type** (*See back of page*) 1 2 X 3 4 5	
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"

Section#	C/NC	R	Narrative	To Be Corrected By
			No violations	

Received by (*name and title printed*): Angela Gray	Inspected by (*name and title printed*): Scott Kirkendall / [illegible]
Received by (*signature*): [illegible]	Inspected by (*signature*): Scott Kirkendall / [illegible]

cc:	cc:	cc: