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**: 765 ( ) Establishment ( ) Owner 674-9771	**Date of Inspection** (*mm/dd/yr*): 6-26-20	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2915 S Adams St Marion			
Owner: McClure Oil CORP	**Purpose:** (1. Routine)	**Follow-up**	**Release Date**
Owner's Address: PO Box 1750 Marion	2. Follow-up	**Summary of Violations:**	
Person in Charge: Angie Gray	3. Complaint 4. Pre-Operational	C____ NC____ R____	
Responsible Person's E-mail: ———	5. Temporary 6. HACCP	**Menu Type** (*See back of page*)	
Certified Food Handler: N/A	7. Other (*list*) ———	1___ 2 X 3___ 4___ 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/NC	R	Narrative	To Be Corrected By
347	NC		Hand towel holder IN backroom by Hand washing Sink is empty	Today
257	NC		Toilet paper stored direction Floor / 6in off Floor	Today

Received by (*name and title printed*): Eileen Smart

Received by (*signature*): Eileen Smart

Inspected by (*name and title printed*): Scott Kikendall FS10

Inspected by (*signature*): Scott Kikendall FS10

cc: | cc: | cc: