



**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 #509</i>		Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>2-23-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>6422 Ebst 500 S Gre City</i>		Owner <i>(674-9771)</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner <i>McClure Oil Corp</i>	Owner's Address <i>P.O. Box 1750</i>	Purpose: <input checked="" type="radio"/> <i>1. Routine</i> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC / R</i>	
Person in Charge <i>Christy</i>	Responsible Person's E-mail		Menu Type (See back of page) <i>1 2 X 3 4 5</i>	
Certified Food Handler <i>Derek Anderson 7-2024</i>				

• 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
<i>295</i>	<i>NC</i>		<i>IN walk in cooler - 17 cm of pop busted on floor and fuel leakage under rack</i>	<i>Today</i>

Received by (name and title printed): <i>Christy Davis</i>	Inspected by (name and title printed): <i>Derek Smith</i>
Received by (signature): <i>Christy Davis</i>	Inspected by (signature): <i>Derek Smith</i>
cc:	cc: