



**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 #7</i>	Telephone Number <i>765</i> Establishment <i>674-9771</i>	Date of Inspection (mm/dd/yr) <i>2-16-22</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>229 W MAIN ST One City</i>		Follow-up <i>ND</i>	Release Date <i>10 days</i>
Owner <i>McClure Oil Corp</i>	Purpose: 1. Routine <input checked="" 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) _____	Summary of Violations:  <i>C</i> _____ <i>NC</i> _____ <i>R</i> _____	
Owner's Address <i>P.O. Box 1750</i>		Menu Type (See back of page)  <i>1</i> _____ <i>2</i> <input checked="" type="checkbox"/> _____ <i>3</i> _____ <i>4</i> _____ <i>5</i> _____	
Person in Charge <i>Andrew</i>			
Responsible Person's E-mail _____			
Certified Food Handler <i>N/A</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>No violations</i>	

Received by (name and title printed): <i>Andrew R. Turner</i>	Inspected by (name and title printed): <i>Dawn Small PSTD</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>

cc:	cc:	cc:
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