



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 Corp # 12</i>	Telephone Number () Establishment <i>765</i> () Owner <i>674-0771</i>	Date of Inspection (mm/dd/yr) <i>10/10/24</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3835 W Western Ave., Marion, IN 46953</i>	Purpose: ☒ 1. Routine ☐ 2. Follow-up ☐ 3. Complaint ☐ 4. Pre-Operational ☐ 5. Temporary ☐ 6. HACCP ☐ 7. Other (list)	Follow-up <i>NO</i>	Release Date <i>10 Days</i>
Owner <i>McClure Oil Corp</i>		Summary of Violations: <i>C 2 NC 2 R</i>	
Owner's Address <i>PO Box 1750, Marion, IN</i>		Menu Type (See back of page) <i>1</i> ☒ <i>2</i> ☐ <i>3</i> ☐ <i>4</i> ☐ <i>5</i> ☐	
Person in Charge <i>Teara</i>			
Responsible Person's E-mail <i>[blank]</i>			
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
141	C		Outdated food items 4 - Kraft Mayo 8/20/24 1 - Kraft Ranch 8/17/24	Removed
298	NC		Microwave soiled w/ dry food debris	Today
295	NC		Blue fan covers up walk in cooler dust, hood cleaned	
169	C		Store selling ice w/out label - Need to select: Store Name Address Phone No.	

Received by (name and title printed):

Teara Gamble

Inspected by (name and title printed):

Angela R. Callum

Received by (signature):

Teara Gamble

Inspected by (signature):

Angela R. Callum 7310

cc:

cc:

cc: