



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>McQuar Oil Corp #12</i>	Telephone Number <i>765 674-0771</i>	Date of Inspection <i>3-14-24</i>	ID # <i>27</i>
Establishment Address <i>3035 S. Western Ave</i>	Owner <i>McQuar Oil Corp</i>	Follow-up <i>NR</i>	Release Date <i>10 days</i>
Owner <i>McQuar Oil Corp</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C NC 2 R</i>	
Owner's Address <i>P.O. Box 1758</i>	Person in Charge <i>Taylor</i>	Menu Type (See back of page) <i>1/2 3 4 5</i>	
Responsible Person's E-mail	Certified Food Handler <i>NR/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>297</i>	<i>NC</i>		<i>Fountain Machine metal levers & nozzles soiled also</i>	<i>Today</i>
			<i>Juice-Ter spillage on inside cooler</i>	
<i>409</i>	<i>NC</i>		<i>Ceiling tiles above fountain drinks needs replaced</i>	
<i>402</i>	<i>NC</i>		<i>Wall at hot food area needs cleaned dust-etc.</i>	

Received by (name and title printed): <i>Taylor Smith Sealoff</i>	Inspected by (name and title printed): <i>Dawn Swag</i>
Received by (signature): <i>Taylor Smith Sealoff</i>	Inspected by (signature): <i>Allen Hill PST</i>
cc:	cc: