



**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 #</i>		Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>6-2-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>162 N MAIN ST Upland</i>		Owner <i>674-9771</i>		
Owner <i>McClure Oil Corp</i>	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up <i>NO</i>	Release Date <i>10 days</i>	
Owner's Address <i>PO BOX 1750 MARION</i>	<input type="radio"/> 2. Follow-up	Summary of Violations: <i>C — <u>2</u> R —</i>		
Person in Charge <i>Aimee</i>	<input type="radio"/> 3. Complaint			
Responsible Person's E-mail <i>_____</i>	<input type="radio"/> 4. Pre-Operational			
Certified Food Handler <i>Aimee Purvis Exp 4-2026</i>	<input type="radio"/> 5. Temporary	Menu Type (See back of page) <i>1 2X 3 4 5</i>		
	<input type="radio"/> 6. HACCP			
	<input type="radio"/> 7. Other (list)			

- 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/N/C	R	Narrative	To Be Corrected By
<i>138</i>	<i>NC</i>		<i>Employee waiting on customer and preparing food with no Hair Restraint</i>	<i>CORRECTED</i>
<i>295</i>	<i>NC</i>		<i>nozzles on cappuccino machine are heavily soiled</i>	<i>Cleaned</i>

Received by (name and title printed): <i>Aimee Purvis Store Manager</i>	Inspected by (name and title printed): <i>Scott Killendall</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: