



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 #15</i>		Telephone Number <i>Not</i> Establishment <i>(614) 771-1111</i>	Date of Inspection (mm/dd/yr) <i>9-5-19</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>815 N Beldwin Ave Marion</i>		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <i>NU</i>	Release Date <i>10 days</i>
Owner <i>McClure Oil Corp</i>			Summary of Violations: <i>C - NC - R -</i>	
Owner's Address <i>P.O. Box 1750 Marion</i>		Menu Type (See back of page) <i>1 X 2 3 4 5</i>		
Person in Charge <i>Jeff Paul</i>				
Responsible Person's E-mail <i>_____</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	N	R	Narrative	To Be Corrected By
				<i>No violations at this inspection</i>	

Received by (name and title printed): <i>Jeff Paul</i>	Inspected by (name and title printed): <i>Dean Small FST</i>
Received by (signature): <i>Jeff Paul</i>	Inspected by (signature): <i>Dean Small FST</i>
cc:	cc: