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 McClure Oil #15	**Telephone Number** (765) Establishment ( ) Owner 674-9771	**Date of Inspection** (mm/dd/yr) 9-13-21	**ID #** 27
Establishment Address (number and street, city, state, ZIP code) 815 N Baldwin Ave Marion			
Owner McClure Oil Corp	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	**Follow-up** Yes	**Release Date** 10 days
Owner's Address PO Box 1750 Marion		**Summary of Violations:** C 1 NC 1 R X	
Person in Charge Maranda			
Responsible Person's E-mail —		**Menu Type** (See back of page) 1 X 2 3 4 5	
Certified Food Handler N/A			

• 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
191	C	X	Several Bottles of Milk with Sell by date has expired + OR - 20 Bottles	Today Pulled
146	NC		Need labels on Bags of Ice that are Bagged by Store 1) Store name 2) Store Address 3) Phone #	10 days

Received by (name and title printed): Maranda Luna	Inspected by (name and title printed): Scott Kilkendall
Received by (signature): [signature]	Inspected by (signature): Scott Kilkendall FSCO
cc:	cc:
cc:	