



## 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 <div style="font-size: 1.2em; font-family: cursive;">McClore Oil #2</div>	Telephone Number <div style="font-size: 1.2em; font-family: cursive;">765</div>	Date of Inspection <small>(mm/dd/yr)</small> <div style="font-size: 1.2em; font-family: cursive;">6-1-21</div>	ID # <div style="font-size: 1.2em; font-family: cursive;">27</div>
Establishment Address <small>(number and street, city, state, ZIP code)</small> <div style="font-size: 1.2em; font-family: cursive;">1509 S Western Ave Marion</div>		Telephone Number <small>Establishment</small> <div style="font-size: 1.2em; font-family: cursive;">679-9771</div>	Date of Inspection <small>(mm/dd/yr)</small> <div style="font-size: 1.2em; font-family: cursive;">6-1-21</div>
Owner <div style="font-size: 1.2em; font-family: cursive;">McClore Oil Corp</div>	Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other <small>(list)</small>		Follow-up <div style="font-size: 1.2em; font-family: cursive;">NO</div>
Owner's Address <div style="font-size: 1.2em; font-family: cursive;">PO BOX 1750 MARION</div>	Summary of Violations:  <div style="font-size: 1.2em; font-family: cursive; text-align: center;">C   NC   R  </div>		Release Date <div style="font-size: 1.2em; font-family: cursive;">10 days</div>
Person in Charge <div style="font-size: 1.2em; font-family: cursive;">Brittany Penrod</div>			Menu Type <small>(See back of page)</small>  <div style="font-size: 1.2em; font-family: cursive;">1   2 X   3   4   5  </div>
Responsible Person's E-mail  	Certified Food Handler <div style="font-size: 1.2em; font-family: cursive;">N/A</div>		

- 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
146	NC	X	Bags of ICE pre made do not have Retail information on them	Today
141	C		Prairie Farms Quart Milk + or - 10 bottles out of sale by date 5-30-2021 5 packages of lunchmeat 5-24-2021 5 <del>sandwiches</del> sandwiches 5-24-2021	Pulled from shelf

Received by <small>(name and title printed)</small> : <div style="font-size: 1.2em; font-family: cursive;">Brittney Penrod</div>	Inspected by <small>(name and title printed)</small> : <div style="font-size: 1.2em; font-family: cursive;">Scott Kikendall</div>	
Received by <small>(signature)</small> : <div style="font-size: 1.2em; font-family: cursive;">B. Penrod</div>	Inspected by <small>(signature)</small> : <div style="font-size: 1.2em; font-family: cursive;">Scott Kikendall FSO</div>	
cc:	cc:	cc:

Operator Response to Inspection  
State Form 80047 (2-01)

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401  
Fax 765-651-2419

DATE: 6/2/21

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small and/or Scott Kikendall at the Grant Co. Health Department on 6-1-21.

DATE: 6/2/21      Action Taken:

Stamp has been placed beside ice bags to be used as bags are being made. Employees have also been instructed to stamp any bag they sell that does not have a stamp.

Name of Respondent: Brittney Penrod Title: Store Manager

Establishment Name: McClure Oil Corp

Address: 1509 S Western Av Marion, IN 46953

Attach additional sheets as needed.