



# 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 #2</i>	Telephone Number <i>965</i> Establishment	Date of Inspection <i>6-19-20</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1509 S Western Ave Marion</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</i>	<input type="radio"/> 2. Follow-up	Summary of Violations: <i>C = NC <u>2</u> R <u>1</u></i>	
Person in Charge <i>Brittany</i>	<input type="radio"/> 3. Complaint		
Responsible Person's E-mail	<input type="radio"/> 4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <i>N/A</i>	<input type="radio"/> 5. Temporary	<i>1 X 2 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/NC	R	Narrative	To Be Corrected By
<i>295</i>	<i>NC</i>	<i>X</i>	<i>Exterior of doughnut case to include doors &amp; handles soiled.</i>	<i>Today</i>
<i>146</i>	<i>NC</i>		<i>Bags of Ice pre made doesnt have Retail information ON them.</i>	<i>Today</i>

Received by (name and title printed): <i>Nicky Emery</i>	Inspected by (name and title printed): <i>Scott Likendall / Deputy Small / PSD</i>
Received by (signature): <i>Nicky Emery</i>	Inspected by (signature): <i>Scott Likendall / Deputy Small / PSD</i>
cc:	cc:

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

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 6-19-20

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 / Scott kikendall from the Grant Co. Health Department on 6-19-20.

DATE: 6-19-20 Action Taken: We cleaned the doughnut case

6-19-20 We are now stamping ice bags as we sell them.

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: Brittney Perrod Title: Manager

Establishment Name: McClure Oil

Address: 1509 So. Western Ave. Marion, IN 46953

Attach additional sheets as needed.