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 #3	**Telephone Number** ( ) Establishment 765 ( ) Owner 674-9771	**Date of Inspection** (*mm/dd/yr*) 6-16-21	**ID #** 27
Establishment Address (*number and street, city, state, ZIP code*) 130 S Branson St Marion			
Owner McClure Oil Corp	**Purpose:** 1. Routine	**Follow-up** No	**Release Date** 10 days
Owner's Address Po Box 1750 Marion	2. Follow-up	**Summary of Violations:** C 1 NC 1 R —	
Person in Charge Jeff	3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*)		
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			10 packs of Budding Corn Beef with a sale by date 6-12-21	Pulled
146			Bags of Ice that Store Bags has to be labeled with Store INFO 1) Name of Store 2) Address 3) Phone #	Today

Received by (*name and title printed*): Jeff Paul

Received by (*signature*):

Inspected by (*name and title printed*): Scott K. Kendall

Inspected by (*signature*): Scott K. Kendall FSO

cc: | cc: | cc: