# 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**<br>McClure Oil #4 | **Telephone Number**<br>(765 Establishment<br>(674-9771 Owner | **Date of Inspection** *(mm/dd/yr)*<br>10-8-19 | **ID #**<br>27 |
| **Establishment Address** *(number and street, city, state, ZIP code)*<br>2915 S. Adams St Marion | | | |
| **Owner**<br>McClure Oil Corp | **Purpose:**<br>1. Routine (circled)<br>2. Follow-up<br>3. Complaint<br>4. Pre-Operational<br>5. Temporary<br>6. HACCP<br>7. Other *(list)* _____ | **Follow-up**<br>NO | **Release Date**<br>60 days |
| **Owner's Address**<br>P.O. Box 1750 Marion | | **Summary of Violations:**<br>C___ NC 1 R___ | |
| **Person in Charge**<br>Angie Grey | | | |
| **Responsible Person's E-mail**<br>N/A | | **Menu Type** *(See back of page)*<br>1___ 2 X 3___ 4___ 5___ | |
| **Certified Food Handler**<br>✓ | | | |

- 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 |
|---|---|---|---|---|
| 295 | NC | | black holder at coffee Station holding syrup Also coffee mate - each are soiled Also handles on dough nut cases | today |

Received by (*name and title printed*):
Angela Gray

Received by (*signature*):
Angela Gray

Inspected by (*name and title printed*):
Dean Snell FSO

Inspected by (*signature*):
Dean Snell FSO

cc: | cc: | cc: