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 #4	**Telephone Number**: (765) Establishment; ( ) Owner 674-9771	**Date of Inspection** (*mm/dd/yr*): 6-16-11	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 2915 S ADAMS ST			
Owner: McClure Oil Corp	**Purpose**: (1. Routine) 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (*list*) ____	**Follow-up**: NO; **Release Date**: 10 days	
Owner's Address: PO Box 1750 Marion		**Summary of Violations**: C— NC 2 R—	
Person in Charge: Angela			
Responsible Person's E-mail: —		**Menu Type** (*See back of page*): 1 2 X 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
297	NC		Inside Top of Ice Machine is Soiled with a dark Residue	Today
146	NC		Ice Bagged By Store Needs to have Info Label ON them 1 Store Name 2 ADDRESS 3) Phone Number	Today

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

Received by (*signature*): Angela Gray

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

Inspected by (*signature*): Scott K Kendall FSIO

cc: | cc: | cc: