RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

1/29/19 mw

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 #6	Telephone Number: (765) Establishment (674) Owner 9171	Date of Inspection (mm/dd/yr): 1-24-19	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 772 N Washington St. Marion			
Owner: McClure Oil Corp	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up: —	Release Date: 10 days
Owner's Address: P.O. Box 1780 Marion IN		Summary of Violations: C — NC 1 R —	
Person in Charge:			
Responsible Person's E-mail: N/A		Menu Type (See back of page): 1 X 2 3 4 5	
Certified Food Handler: —			

• 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
243	NC		Single service cups in storage sitting on floor.	Today

Received by (name and title printed): Amie Smith	Inspected by (name and title printed): Dean Small FSTO
Received by (signature): Amie Smith	Inspected by (signature): Dean Small FSTO
cc:	cc:
	cc: