



**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 #6</i>	Telephone Number <i>765</i> Establishment	Date of Inspection (mm/dd/yr) <i>6-16-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>722 N Washington St Marion</i>	Owner <i>674-9771</i>	Follow-up <i>10</i>	Release Date <i>10 days</i>
Owner <i>McClure Oil Corp</i>	Purpose: 1. Routine <input checked="" type="checkbox"/> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 2 R -</i>	
Owner's Address <i>PO BOX 1750 Marion</i>		Menu Type (See back of page) <i>1 X 2 3 4 5</i>	
Person in Charge <i>Heather</i>			
Responsible Person's E-mail <i>~</i>			
Certified Food Handler <i>N/A</i>			

- 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>191</i>	<i>C</i>		<i>5 packs of Buddig Ham with sale by date 6-12-21</i>	<i>Today</i>
			<i>2 Soup Creams 6-15-21</i>	
			<i>1 French Onion Dip 5-22-21</i>	
<i>295</i>	<i>NC</i>		<i>GetIt Nacho Machine tray is soiled with food debris</i>	
<i>146</i>	<i>NC</i>		<i>Bags of Ice that Store Bags has to have STORE INFO</i>	
			<i>1) Store Name</i>	
			<i>2) ADDRESS</i>	
			<i>3) PHONE #</i>	

Received by (name and title printed): <i>Heather Means Store Manager</i>	Inspected by (name and title printed): <i>Scott Kendall</i>
Received by (signature): <i>Heather Means</i>	Inspected by (signature): <i>Scott Kendall 6/16/21</i>
cc:	cc:

GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401
Fax 765-651-2419

DATE: 6/16/2021

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 and/or Scott Kikendall at the Grant Co. Health Department on 6-16-21.

DATE:	Action Taken:
<u>6/16</u>	<u>Outdated product thrown away</u>
<u>6/16</u>	<u>Gebus Nachos Tray Washed, Rinsed, Sanitized & replaced</u>
<u>6/16</u>	<u>Made Labels for Ice bags with proper information</u>

Name of Respondent: Heather Means Title: Store Manager

Establishment Name: McClure #16

Address: 722 N. Washington St Marion In 46952