



**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 #6	Telephone Number 765 Establishment	Date of Inspection (mm/dd/yr)	ID #
Establishment Address (number and street, city, state, ZIP code) 722 N Washington St Marion	Owner 674-9771	10-14-21	27
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__ NC__ R__	
Person in Charge Brandy	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	1 <input checked="" type="checkbox"/> 2 ___ 3 ___ 4 ___ 5 ___	
Certified Food Handler N/A	5. Temporary		
	6. HACCP		
	7. Other (list)		

- 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
			No violations	

Received by (name and title printed): Brandy Gipsen	Inspected by (name and title printed): Drew Small / Scott Kendall
Received by (signature): Brandy Gipsen	Inspected by (signature): Drew Small / Scott Kendall
cc:	cc: