



**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 #7	Telephone Number Establishment: (765) 674-0771 Owner: (765) 674-0771	Date of Inspection (mm/dd/yr) 8-2019	ID # 27
Establishment Address (number and street, city, state, ZIP code) 229 W. Main St Gas City	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up NO	Release Date 10 Aug 5
Owner McClure Oil Corp		Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Owner's Address P.O. Box 1750	Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	Person in Charge Dustin	
Responsible Person's E-mail		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
141	C		2 small ham & Cheese Luncheonables sell by 8/11 & 8/16 ALSO 2 Ham & American Breads 8/16	Remove
295	NC		Gohls Washu machine soiled w/ dried cheese	today

Received by (name and title printed): Aubrey Ferren	Inspected by (name and title printed): Dean Small PSTD
Received by (signature): <i>Aubrey Ferren</i>	Inspected by (signature): <i>Dean Small</i> PSTD
cc:	cc:

Operator Inspection Response
State Form 80047 (2-01)

GRANT COUNTY HEALTH DEPARTMENT

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

DATE: 8-20-19

Grant County Health Department
401 S. Adams St.
Marion, IN. 46953

The following is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer Dale Carr/Dean Small from the Grant Co. Health Department on 8-20-19.

DATE: 8-20-19 #1 Action Taken: (141) c Disposed of OOD Lunchables upon discovery.

8-20-19 #2 (295) Nc Washed + Sanitized nacho cheese cover

(PLEASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS).

Name of Respondent: Devin Seekins Title: Store manager

Establishment Name: McClure #7

Address: 229 W. Main Gas City, 46933, IN

o Attach additional sheets as needed.