



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 <u>McClure Oil #7</u>	Telephone Number <u>(765) [unclear]</u> Establishment	Date of Inspection (mm/dd/yr) <u>8-31-20</u>	ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>229 W Main St Gas City</u>	Owner <u>674-0771</u>	Follow-up <u>NO</u>	
Owner <u>McClure Oil Corp</u>	Purpose: <input checked="" type="checkbox"/> 1. Routine	Release Date <u>10 days</u>	Summary of Violations: <u>C = NC / R =</u>
Owner's Address <u>PO BOX 1750</u>	2. Follow-up	Menu Type (See back of page) <u>1 2 3 4 5</u>	
Person in Charge <u>Devin</u>	3. Complaint		
Responsible Person's E-mail <u>_____</u>	4. Pre-Operational		
Certified Food Handler <u>_____</u>	5. Temporary		
	6. HACCP		
	7. Other (list) <u>_____</u>		

- 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/N/C	R	Narrative	To Be Corrected By
<u>295</u>	<u>NC</u>		<u>The GOTH's Nacho Machine tray is soiled with dried food debris</u>	<u>Corrected</u>

Received by (name and title printed): <u>Devin Seokins / Store manager</u>	Inspected by (name and title printed): <u>Scott Kikendall FSD</u>
Received by (signature): <u>[Signature]</u>	Inspected by (signature): <u>[Signature]</u>
cc:	cc: