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's (Sunoco #10)	**Telephone Number** (765) 674-7771 Establishment ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 1-9-2020	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 103 W Main St. Gas City			
Owner McClure Oil Corp	**Purpose:** 1. Routine	**Follow-up** NO	**Release Date** 1-19-2020
Owner's Address P.O. Box 1750 Marion	2. Follow-up 3. Complaint	**Summary of Violations:**	
Person in Charge Heather Means	4. Pre-Operational 5. Temporary	C___ NC___ R___	
Responsible Person's E-mail N/A	6. HACCP	**Menu Type** *(See back of page)*	
Certified Food Handler N/A	7. Other *(list)* _____	1 X 2 3 4 5	

- 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
		*	NEED to post 2020 FOOD LICENSE *	
			No Violations AT THIS Inspection	

Received by (*name and title printed*): x Heather Means	Inspected by (*name and title printed*): Rob Cox FSD
Received by (*signature*): x Heather Means	Inspected by (*signature*): FSD

cc:	cc:	cc: