



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's (Sunoco) #10</i>	Telephone Number <i>265</i> Establishment	Date of Inspection <i>8-31-20</i> (mm/dd/yr)	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>103 W MAIN ST GAS CITY</i>	<i>674-9771</i> Owner		
Owner <i>McClure Oil Corp</i>	Purpose: <u>1. Routine</u>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>PO Box 1750 MARION</i>	2. Follow-up	Summary of Violations: <i>C _ NC _ R _</i>	
Person in Charge <i>Heather Means</i>	3. Complaint	Menu Type (See back of page)	
Responsible Person's E-mail	4. Pre-Operational	<i>1 X 2 3 4 5</i>	
Certified Food Handler	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
			<i>No violations on this inspection</i>	

Received by (name and title printed): <i>Heather Means</i>	Inspected by (name and title printed): <i>Scott Kendall FS10</i>
Received by (signature): <i>Heather Means</i>	Inspected by (signature): <i>Scott Kendall FS10</i>

cc:	cc:	cc:
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