



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>McClures #3</i>	Telephone Number <i>(765) Establishment</i>	Date of Inspection <i>(mm/dd/yr)</i> <i>6-17-20</i>	ID # <i>27</i>
Establishment Address <i>130 N BRANSON ST MARION</i>	Owner <i>674-9771</i>	Follow-up <i>NO</i>	
Owner <i>McClure Oil Corp.</i>	Purpose: <u>1. Routine</u>	Release Date <i>10 days</i>	Summary of Violations: <i>C — NC 2 R —</i>
Owner's Address <i>PO BOX 1750 MARION</i>	2. Follow-up	Menu Type (See back of page)	
Person in Charge <i>Katrina Brown</i>	3. Complaint	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Responsible Person's E-mail <i>_____</i>	4. Pre-Operational		
Certified Food Handler <i>N/A</i>	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>295</i>	<i>NC</i>		<i>The Following "Non Food" contact items is soiled with dried food debris</i>	<i>Today</i>
			<i>1) TRASH slot below the Hot Bar</i>	
			<i>2) GEHLIS Nacho machine (entirely)</i>	
<i>239</i>	<i>NC</i>		<i>Cups sitting directly on floor IN back room</i>	

Received by (name and title printed):
Katrina Brown

Received by (signature):
Katrina Brown

cc: _____

Inspected by (name and title printed):
Scott Kikenda II / Dean Smith

Inspected by (signature):
Scott Kikenda II / Dean Smith

cc: _____