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 #59	**Telephone Number** (765) Establishment (765) 674 9771	**Date of Inspection** *(mm/dd/yr)* 9/9/19	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 6422 E 500 S Gas City			
Owner McClures Oil Corp	**Purpose:** 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other *(list)* _____	**Follow-up** No	**Release Date** 9/19/19
Owner's Address PO Box 1720 Marion		**Summary of Violations:** C____ NC____ R____	
Person in Charge Brent Byers			
Responsible Person's E-mail N/A		**Menu Type** *(See back of page)* 1___ 2_X_ 3___ 4___ 5___	
Certified Food Handler NEED WITHIN 90 DAYS			

- 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
			OK TO OPEN PIZZA AREA	
			BRAD KLINE GCBD TO SEND OK ON REMODEL & HOOD SYSTEM	

Received by (*name and title printed*): Brent Byers	Inspected by (*name and title printed*): Dale Lam - FSID
Received by (*signature*):	Inspected by (*signature*): - FSID

cc:	cc:	cc: