



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.

Form with fields: Establishment Name (McClure Deli #7), Telephone Number (765) Establishment (678) Owner (9771), Date of Inspection (7-9-21), ID # (27), Owner (McClure Deli Corp), Purpose (1. Routine), Follow-up (NO), Release Date (10 days), Person in Charge (Devin), Responsible Person's E-mail, Certified Food Handler (N/A), Summary of Violations (C NC R), Menu Type (1 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text: 'No violations at inspection'.

Form with fields: Received by (name and title printed): Devin Seekins; Inspected by (name and title printed): Devin Small PSTO; Received by (signature); Inspected by (signature); cc: fields.