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

7-26

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 Oil Corp. #10	**Telephone Number** ( ) ~~Establishment~~ 765 ( ) Owner 674-9771	**Date of Inspection** (*mm/dd/yr*): 7/1/25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 103 W. Mount, Van City			
Owner: McClure Oil	**Purpose:** 1. Routine	**Follow-up**: NO	**Release Date**: 10 Days
Owner's Address: Same	2. ~~Follow-up~~	**Summary of Violations:** P__ PF__ C__	
Person in Charge: Teara	3. Complaint		
Responsible Person's E-mail: —	4. Pre-Operational		
Certified Food Handler: N/A	5. Temporary	**Menu Type** (*See back of page*)	
	6. HACCP	1__ 2 X 3__ 4__ 5__	
	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
			No Violations	

P- Priority / Critical
PF- Priority Foundation / ASAP
C- Core / Non critical

Received by (*name and title printed*): Teara Goamble

Received by (*signature*): Teara Goamble

Inspected by (*name and title printed*): Angela Collum

Inspected by (*signature*): Angela Collum RSO

cc: | cc: | cc: