



**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 <b>McCLURE Oil STORE #7</b>	Telephone Number <b>765</b> Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>11/5/18</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>229 W MAIN ST. GAS City</b>	Owner <b>McCLURE Oil CORP</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) <b>OK to open 11/8/18</b>	Follow-up Release Date <b>11/15/18</b>
Owner's Address <b>P.O. BOX 1750 MARION</b>	Person in Charge <b>DEVIN SEEKINS</b>	Summary of Violations: C ___ NC ___ R ___	
Responsible Person's E-mail <b>N/A</b>	Certified Food Handler <b>N/A</b>	Menu Type (See back of page) 1 ___ 2 <input checked="" type="checkbox"/> 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"

Section#	C/NC	R	Narrative	To Be Corrected By
256	NC		NEED FOOD THERMOMETER MEASURES 0°F TO 220°F	BEFORE OPENING
			OK TO OPEN 11/8/18	

Received by (name and title printed): <b>STEVE RUBLE</b>	Inspected by (name and title printed): <b>ROD CARROLL - PSD</b>
Received by (signature): <i>Steve Ruble</i>	Inspected by (signature): <i>Rod Carroll</i>
cc:	cc: