



**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>McClures #4</b>	Telephone Number <b>765 674 8771</b>	Date of Inspection (mm/dd/yr) <b>12/11/18</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>2915 so. Adams St. Marion</b>			
Owner <b>McClure Oil Corp</b>	Purpose: <input checked="" type="radio"/> 1. Routine	Follow-up <b>NO</b>	Release Date <b>12/21/18</b>
Owner's Address <b>PO BOX 1750 MARION IN</b>	2. Follow-up	Summary of Violations: <b>C 2 NC 3 R 1</b>	
Person in Charge <b>FRANCIS ADKINS</b>	3. Complaint		
Responsible Person's E-mail <b>N/A</b>	4. Pre-Operational	Menu Type (See back of page)	
Certified Food Handler <b>N/A</b>	5. Temporary	1 ___ 2 <b>X</b> 3 ___ 4 ___ 5 ___	
	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
415	C		RODENT DROPPINGS ARE IN CABINET UNDER coffee pots, ALSO ON SHELVES IN BACK STORAGE AREA	TODAY
296	C		3-tongue used for sausages & pickles, TO INCLUDE METAL CONTAINER TONGS STORED IN ARE SOILED WITH OLD DRIED FOOD DEBRIS & NOT CLEANED EVERY 4MO. AS PER CODE (WASH, RINSE, SANITIZE AIR DRY)	TODAY
146	NC		11-19 BAGS OF ICE, FILLED AT THIS STORE TODAY ARE NOT LABELED - NAME, ADDRESS ETC)	
298	NC		THE INTERIOR OF MICROWAVE SOILED WITH OLD FOOD DEBRIS	TODAY
291	NC	✓	NO TEST STRIPS AT THIS FACILITY FOR SANITIZER IF NOT CORRECTED FURTHER ACTION WILL BE TAKEN	TODAY
			<b>** THIS FACILITY LACKS A SICK EMPLOYEE POLICY PER EMPLOYEES **</b>	
			<b>** THIS FACILITY STATES THAT CORPORATE HAS A STORAGE AREA AT CORPORATE LOCATION FOR SINGLE / SERVICE, SINGLE USE ARTICLES THAT NEED INSPECTED, CORPORATE TO CONTACT LHD **</b>	

Received by (name and title printed): **POSSIBLE RODENT ISSUES**

Inspected by (name and title printed):

**Francis Adkins**

**R. Adkins - FSD**

Received by (signature):

Inspected by (signature):

*[Signature]*

*[Signature]* - FSD

cc:

cc:

cc: