

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 lin	mit for cor	rectio	n of each violation is specified in the narrative portion of thi	s report.	17
Establishme	ent Name			Telephone Number	Date of Inspection ID #
SUN	16C0	((MC Clupes # 10)	7656414sh9en71	
Establishment Address (number and street, city, state, ZIP code)				() Owner	5-16-17 27
103 w Main St. Gas Coly					
McClure Oil Corporation				Purpose:	Follow-up Release Date 5-26-(7
Owner's Address				1. Routine	
P.D. Box 1750 MARION				2. Follow-up	Summary of Violations:
Person in Charge				3. Complaint	C - NC - R
* DAN ZATLER				4. Pre-Operational	
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)
NA				6. HACCP	
Certified Food Handler				7. Other (list)	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"					
Section#	C/NC	R	Narrative	delay adalah da da Mayara ayang ayan ayan ayan ayan ayan ayan ay	To Be Corrected By
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	 		No VIOLATIONE IN + TILL		
	NO VIOLATIONS LAT THIS TUSPECTION				
			-INSPE	Z 770N	
				**	
Received by	(name and	title :	printed):	Inspected by (name and title p	printed):
AD TOTICO ACCISTANT MANACCA (2/10/0 60/10 . 1517)					
Received by (signature): Inspected by (signature):					
Received by (signature).					
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cc:					