

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 #6953

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.

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Establishment Name					Telephone Number	Date of Ins (mm/dd/yr)	spection ID #	
McChro Oil = 59					Establishment	11-0		
Establishment Address (number and street, city, state, ZIP code) [1422. E 5005 GAS Afy [14]						(177)	18 27	
6422 E 5005 GAS City						F-11	p Release Date	
Owner Older					Purpose:	Follow-up Release Date		
MCWRE VII Coup					Routine	Summary of Violations:		
P.O. 1200 1750 MANION					2.\Follow-up	Summar	y of Violations:	
Person in Charge					3. Complaint	$C = NC \setminus R$		
Amonda Webb					4. Pre-Operational		_ NC N	
Responsible Person's E-mail					5. Temporary	Menu Ty	pe (See back of page)	
NIA					6. HACCP	10		
Certified Food Handler					7. Other (list)	1_1_2	345	
	N/	D	•		/			
• 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	
2011	ALP	r	H. Call's A		Charce mah	: 0	to by	
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Mary Sand Jeless								
Received by (signature): Inspected by (signature):								
Ana da Webb Wear PSI							FCD	
cc:	10 00	a	webs	cc:	The state of	cc:	JJV	
							,	

perator Inspection Response State Form 80047 (2-01)



GRANT COUNTY HEALTH DEPARTMENT

Phone 765 Fax 765	edita (Vikilaria)
	DATE: 11-13-18
401 S. A Marion, I	N. 46953
The followin Carr / Dean S	is a response to the inspection report executed by the Grant Co. Health Department Food Safety Officer <u>Dale</u>
DATE:	Action Taken:
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Chingles become more lift, the become	will be in on Friday 11-110-18
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dan francoppe a managhtum tama	
	EASE FORWARD THIS FORM TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS). ESPONDENT: Title: Title:
Establish	ent Name: Arrando 2006
Address:	0422 E 500 S GasCity IN 46933

Attach additional sheets as needed.