



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 <u>Main Moon #168, INC</u>	Telephone Number (<u>765</u>) Establishment Owner <u>663-0503</u>	Date of Inspection (<u>48/25</u>) ID # <u>27</u>
Establishment Address (number and street, city, state, ZIP code) <u>336 S. Western Ave., Marion</u>		
Owner <u>HyonKee Fuyung Cheung</u>	Purpose: <ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Routine<input type="checkbox"/> 2. Follow-up<input type="checkbox"/> 3. Complaint<input type="checkbox"/> 4. Pre-Operational<input type="checkbox"/> 5. Temporary<input type="checkbox"/> 6. HACCP<input type="checkbox"/> 7. Other (list) <u> </u>	Follow-up <u>NO</u> Release Date <u>0 Days</u>
Owner's Address <u>Same</u>	Summary of Violations: <u>C</u> <u>NC</u> <u>R</u>	
Person in Charge <u>Same</u>		
Responsible Person's E-mail <u> </u>		
Certified Food Handler <u>Fuyung Cheung</u>	Menu Type (See back of page) <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	
9/24/20		

• 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”

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Interpreted by *signaturae*:

68

11

60