



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

Release Date

10 Days

Date

10-8-27
10#
10/27

No. of Risk Factor/Intervention Violations

1

No. of Repeat Risk Factor/Intervention
Violations

0

Establishment
Main Moon #168Address
3316 S. Western Ave Marion INCity/State
46953

Zip Code

Telephone
765-662-0503

License/Permit #

2003-116

Permit Holder

Kwankei Fuyung Cheung Future

Est. Type

3

Risk Category
3**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable

COS=corrected on-site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status	COS	R
Supervision						
1 IN	OUT	N/A	N/O	Person in charge present, demonstrates knowledge, and performs duties		
2 IN	OUT	N/A	N/O	Certified Food Protection Manager		
Employee Health						
3 IN	OUT	N/A	N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4 IN	OUT	N/A	N/O	Proper use of restriction and exclusion		
5 IN	OUT	N/A	N/O	Procedures for responding to vomiting and diarrheal events		
Good Hygienic Practices						
6 IN	OUT	N/A	N/O	Proper eating, tasting, drinking, or tobacco products use		
7 IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth		
Preventing Contamination by Hands						
8 IN	OUT	N/A	N/O	Hands clean & properly washed		
9 IN	OUT	N/A	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		
10 IN	OUT	N/A	N/O	Adequate handwashing sinks properly supplied and accessible		
Approved Source						
11 IN	OUT	N/A	N/O	Food obtained from approved source		
12 IN	OUT	N/A	N/O	Food received at proper temperature		
13 IN	OUT	N/A	N/O	Food in good condition, safe, & unadulterated		
14 IN	OUT	N/A	N/O	Required records available: molluscan shellfish identification, parasite destruction		
Protection from Contamination						
15 IN	OUT	N/A	N/O	Food separated and protected		
16 IN	OUT	N/A	N/O	Food-contact surfaces; cleaned & sanitized		
GOOD RETAIL PRACTICES						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
Mark "X" in box if numbered item is not in compliance		Mark "X" in appropriate box for COS and/or R		COS=corrected on-site during inspection	R=repeat violation	
Compliance Status		COS	R	Compliance Status	COS	R
Safe Food and Water						
30		Pasteurized eggs used where required				
31		Water & ice from approved source				
32		Variance obtained for specialized processing methods				
Food Temperature Control						
33		Proper cooling methods used; adequate equipment for temperature control				
34		Plant food properly cooked for hot holding				
35		Approved thawing methods used				
36		Thermometers provided & accurate				
Food Identification						
37		Food properly labeled; original container				
Prevention of Food Contamination						
38		Insects, rodents, & animals not present				
39		Contamination prevented during food preparation, storage & display				
40		Personal cleanliness				
41		Wiping cloths: properly used & stored				
42		Washing fruits & vegetables				
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.						

Person in Charge (Signature)

Inspector (Signature)

Date:

Oct 9 2025

Follow-up: YES NO (Circle one) Follow-up Date:



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INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

2025-116
License/Permit #

Date Oct. 8 2025

Establishment #	Address	City/State	Zip Code	Telephone
Main Moon 168	3165 Southeast Ave	Marian, IN	46953	765-62-0503
OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT				

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item
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IN=In compliance	OUT=Not in compliance	N/A=Not applicable	CO	R	Compliance Status	CO	R
57	IN OUT N/A N/O	Outdoor Food Operation			58	IN OUT N/A N/O	Mobile <input checked="" type="checkbox"/> Retail Food Establishment

TEMPERATURE OBSERVATIONS

OBSERVATIONS AND CORRECTIVE ACTIONS

Person In Charge (Signature)

Date:

Inspector /Signature

Date: