# 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**: Main Moon #168, INC. | **Telephone Number** ( ) Establishment ( ) Owner: 765 622-0503 | **Date of Inspection** (*mm/dd/yr*): 11-13-24 | **ID #**: 27 |
| **Establishment Address** (*number and street, city, state, ZIP code*): 3316 S. Western Ave., Marion | **Purpose:** 1. Routine | **Follow-up** | **Release Date**: 10 Days |
| **Owner**: Fuyung & Kwankui Cheung | 2. Follow-up | **Summary of Violations:** C 2 NC 1 R 2 | |
| **Owner's Address**: 1728 Timberview Dr., Marion | 3. Complaint | | |
| **Person in Charge**: Grace | 4. Pre-Operational | | |
| **Responsible Person's E-mail** | 5. Temporary | **Menu Type** (*See back of page*) 1 2 3 ✓ 4 5 | |
| **Certified Food Handler**: Fuyng Cheung 9-2025 | 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 |
|---|---|---|---|---|
| 295 | ~~NC~~ C | | The following "Food Contact" items is soiled w/ dried food debris etc. | |
| | | 1) | Utensils stored in metal pan by microwave | |
| | | 2) | Veg pans stored clean on metal shelf | |
| | | 3) | | |
| 245 | NC | X | +/- 4 wet cloths laying throughout Kitchen. | |
| 173 | C | X | Cut veggies, meat etc in wold in without dates | |
| | | | Also Raw noodles & crab rangoon in back freezer - unprotected/covered | |

Received by (*name and title printed*): Grace Cheung

Received by (*signature*):

Inspected by (*name and title printed*): Dean Sims

Inspected by (*signature*): Dean Sims FSFD

cc: | cc: | cc: