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: Moes Southwest Grill	**Telephone Number**: ( ) Establishment ( ) Owner 573-4942	**Date of Inspection** (*mm/dd/yr*): 3/18/24	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 816 N Baldwin			
Owner: Carolyn Swan	**Purpose**: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**	**Release Date**: 10days
Owner's Address: Same		**Summary of Violations**: C 1 NC___ R___	
Person in Charge: John			
Responsible Person's E-mail		**Menu Type** (*See back of page*): 1___ 2 X 3___ 4___ 5___	
Certified Food Handler: John 6/23/22			

- 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
415	C		Complaint-	ASAP
			Reference fruit flies	
			Few observed near soda machine & salsa area	
			mgr will have pest control information emailed to office	

Received by (*name and title printed*): John Murray

Received by (*signature*): John Murray

Inspected by (*name and title printed*): April Legare FS10

Inspected by (*signature*): April Legare

cc: | cc: | cc: