



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.

Form with fields: Establishment Name (Neon Moon Bar and Grill LLC), Telephone Number (768 Establishment, 573-4413), Date of Inspection (3-7-24), ID # (27), Establishment Address (3448 S. Adams St.), Owner (William & Stephanie K), Owner's Address (6639 E 400 N), Person in Charge (Andy), Responsible Person's E-mail, Certified Food Handler (Stephanie Korporal), Purpose (1. Routine), Follow-up (No), Release Date (10 days), Summary of Violations (C 1, NC 2, R -), Menu Type (1, 2, 3 X, 4, 5).

- 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"

Table with 4 columns: Section#, C/N/C, R, Narrative, To Be Corrected By. Rows include: 308 NC Dust on ceiling & walls in kitchen; 431 NC Grease & food on floor & under grill, freezer; 173 C Dozens of raw shell eggs stored on top shelf in walk in cooler.

Received by (name and title printed): Andy Korporal; Inspected by (name and title printed): Dawn [Signature]; Received by (signature): [Signature]; Inspected by (signature): [Signature]

cc: [Blank] cc: [Blank] cc: [Blank]