



**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 <i>Main Moon 168 Inc</i>	Telephone Number <i>765</i> Establishment <i>765-20503</i> Owner	Date of Inspection (mm/dd/yr) <i>11-2-21</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>3314 S. Western Ave</i>	Owner <i>Kewen Kui Cheung</i>	Follow-up <i>No</i>	Release Date <i>10 days</i>
Owner's Address <i>1728 Timberview Dr</i>	Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Summary of Violations: <i>C 1 NC 2 R 1</i>	
Person in Charge <i>Grace</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2 3/4 5</i>	
Certified Food Handler <i>Fayung Cheung exp 9-2025</i>	<ul style="list-style-type: none"> • 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
298	NC		<i>Fridge microwave soiled w/ liquid & dried food.</i>	
191	C	X	<i>Many food items on walk in not date marked Eggs, Raw beef - chicken - etc. * Past violations including food</i>	<i>ASAP</i>
310	NC		<i>Hard system soiled and hasn't been cleaned in over 15 mos.</i>	<i>ASAP</i>

Received by (name and title printed): <i>Grace Cheung</i>	Inspected by (name and title printed): <i>Scott K. Keenan / Don Spill</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc: