



**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>Moe's Southwest Grill</i>	Telephone Number <i>765-573-4942</i>	Date of Inspection <i>8-15-21</i>	ID # <i>27</i>
Establishment Address <i>816 N Baldwin</i>	Owner <i>S &amp; S Franelisp</i>	Follow-up <i>NO</i>	Release Date <i>10 days</i>
Owner's Address <i>8 AM</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 — NC 3 R —</i>	
Person in Charge <i>John</i>	Responsible Person's E-mail	Menu Type (See back of page) <i>1 2/ 3 4 5</i>	
Certified Food Handler <i>Ericka Murray 9:22</i>			

- 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
402	NC		In back - wall behind prep table - soiled w/ dried food debris Also wall behind grill # side of	TO [Signature]
431	NC		Floppy through cut to include in walk in cooler - trash - dried food debris	
295	NC		Hand/feet below front hand washing sink soiled	

Received by (name and title printed): <i>John Murray General Manager</i>	Inspected by (name and title printed): <i>Deon Smith / Scott Kikard</i>
Received by (signature): <i>[Signature]</i>	Inspected by (signature): <i>[Signature]</i>
cc:	cc:

# GRANT COUNTY HEALTH DEPARTMENT

Phone 765-651-2401 Ext. 3123 / 3111  
Fax 765-651-2419

DATE: 8.16.2021

Grant County Health Department  
401 S. Adams St.  
Marion, IN. 46953

PLEASE SEND YOUR RESPONSE TO THE GRANT COUNTY HEALTH DEPARTMENT BY MAIL OR FAX WITHIN 10 DAYS.

The following is a response to the inspection report prepared by the Health Department Food Safety Officer Dean Small / Scott Kikendall from the Grant Co. Health Department on 8.13.21.

DATE: 8.13.2021 Action Taken:

Cleaned wall behind prep table and behind grill 3 sides of grill

8.13.2021

Cleaned cooler floor

8.13.2021

Cleaned handles and under the handles on the handwashing sink

(PLEASE FORWARD THIS FORM TO GRANT COUNTY HEALTH DEPARTMENT BY MAIL / FAX WITHIN 10 DAYS)

Name of Respondent: John Murray Title: General Manager

Establishment Name: Moe's Southwest Grill

Address: 816 N. Baldwin Ave, Marion, IN 46952