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

7-26 (AMC)

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: Moe's Southwest Grill	Telephone Number ( ) Establishment 765 ( ) Owner 573-7412	Date of Inspection (mm/dd/yr): 5/7/25	ID #: 27
Establishment Address (number and street, city, state, ZIP code): 816 N Baldwin Ave., Marion			
Owner: Carol Swan	Purpose: 1. Routine	Follow-up: NO	Release Date: 10 Day
Owner's Address: Same	2. Follow-up	Summary of Violations: C — PF — P —	
Person in Charge: Erica Ericka	3. Complaint		
Responsible Person's E-mail	4. Pre-Operational		
~~Certified Food Handler~~: ~~Erica~~ Ericka Murray 6/23/22	5. Temporary	Menu Type (See back of page): 1 2 3 X 4 5	
	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
			No violations	

Received by (name and title printed): Ericka A. Murray Catering Manager

Received by (signature):

Inspected by (name and title printed): Lynda M McCallum

Inspected by (signature): Lynda M McCallum 5/10

cc:	cc:	cc: