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: Neon Moon Bar & Grill, LLC	**Telephone Number** ( ) Establishment (765) 573-4413 ( ) Owner	**Date of Inspection** *(mm/dd/yr)*: 10/20/22	**ID #**: 27
Establishment Address *(number and street, city, state, ZIP code)*: 3448 So. Adams St., Marion	**Purpose:** 1. Routine (circled)	**Follow-up**: NO	**Release Date**: 10 Days
Owner: William & Stephanie Korporal	2. Follow-up	**Summary of Violations:** C___ NC 1 R___	
Owner's Address: same	3. Complaint		
Person in Charge: Stephanie	4. Pre-Operational		
Responsible Person's E-mail	5. Temporary	**Menu Type** *(See back of page)*: 1___ 2___ 3 X 4___ 5___	
Certified Food Handler: Stephanie Korporal 12/13/22	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
308	NC		HVAC Hood system has grease and dust - needs cleaned	today

Received by (*name and title printed*): Stephanie Korporal

Received by (*signature*): Stephanie Korporal

Inspected by (*name and title printed*): Angela RHC Callum

Inspected by (*signature*): 3510

cc:	cc:	cc: