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: New Moon Bar & Grill	**Telephone Number**: (765) Establishment (574) Owner 4413	**Date of Inspection** (*mm/dd/yr*): 10-22-25	**ID #**: 27
Establishment Address (*number and street, city, state, ZIP code*): 3448 S. Adams St.			
Owner: William & Stephanie Kaupert	**Purpose**: 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**: No	**Release Date**
Owner's Address: Van Buren		**Summary of Violations**: C___ NC___ R___	
Person in Charge: Bobby		**Menu Type** (*See back of page*): 1___ 2___ 3 X 4___ 5___	
Responsible Person's E-mail			
Certified Food Handler: Stephanie Kaupert			

- 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*): Robert H Lewis JR.	Inspected by (*name and title printed*): Donna Sue
Received by (*signature*): Robert H Lewis Jr.	Inspected by (*signature*): PSPO
cc:	cc:
cc:	