

Hendricks County Health Department Telephone (317) 745-9217 Fax (317) 745-9218

Based on the 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 Kona Ice Midwest Indiana Truck #5557 Establishment Address , Owner Tim Valiant Owner's Address Person in Charge Andrew Williams					PurposeX Routine Follow-up Complaint Pre-Operational Temporary	Follow Up Releas		1D# 1656 Released 06/10/2024	
Responsible Person's Email					HACCP Other (list)				
Certified Food Handler Exp. Tim Valiant									
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 NARRAIVE COLUMN MARKED AS "R"									
Section #	C/NC	R	Narrative					To Be Corrected By	
342	NC	0	The water reache the hand sink.	ed a maximum temperatu	of 76.3 degrees Fahrenheit at Today			,	
346	NC	0	Soap was not pro	ovided at the hand sink.				,	
Summary of Violations C <u>0</u> NC <u>2</u> R <u>0</u>									
Received by (name and title printed): Reviewed w/person-in-charge					Inspected by (name and title printed): BRIAN PORTWOOD				
Received by (signature):					Inspected by (signature):				
cc: cc:					•	cc:			