



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 #9759	Telephone Number Est	Date of Inspection 07/15/2024	ID# 2263
Establishment Address ,			
Owner Tim Valiant	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up NO	Released 07/25/2024
Owner's Address		Menu Type 1__ 2 <input checked="" type="checkbox"/> 3__ 4__ 5__	
Person in Charge Kelly Burkhalter			
Responsible Person's Email			
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 NARRATIVE COLUMN MARKED AS "R"

Section #	C/NC	R	Narrative	To Be Corrected By
291	NC	0	Quaternary ammonium test strips provided were damaged and unable to accurately measure the concentration of sanitizing solution.	Today
324	NC	0	Leak observed at faucet of 3 compartment sink. Tape used to seal leak.	One Week

Summary of Violations C <u> 0 </u> NC <u> 2 </u> R <u> 0 </u>			
Received by (name and title printed): Person in charge		Inspected by (name and title printed): YOCELI PALAFOX	
Received by (signature):		Inspected by (signature):	
cc:		cc:	