

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.

<b>Establishment Name</b> Kona Ice Midwest Indiana Truck #2809	<b>Telephone Number</b> Est	<b>Date of Inspection</b> 06/29/2024	<b>ID#</b> 2264
<b>Establishment Address</b> ,			
<b>Owner</b> Tim Valiant	<b>Purpose</b> <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)	<b>Follow Up</b> NO	<b>Released</b> 07/09/2024
<b>Owner's Address</b>		<b>Menu Type</b> 1__ 2 <input checked="" type="checkbox"/> 3__ 4__ 5__	
<b>Person in Charge</b> Tim Valiant			
<b>Responsible Person's Email</b>			
<b>Certified Food Handler</b> <b>Exp.</b> 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
			No violations noted at time of inspection.	
		0		

<b>Summary of Violations</b> C      NC      R <u>0</u>			
Received by (name and title printed): Reviewed with Person in Charge		Inspected by (name and title printed): SARAH DALLAS	
Received by (signature):		Inspected by (signature):	
cc:		cc:	