



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: Kona Ice, Telephone Number: (765) 543-5222, Date of Inspection: 9-12-20, ID #: 27, Owner: Tim Valliant, Purpose: HACCP, Summary of Violations: C NC R, Menu Type: 1 2 3 4 5

- 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"

Table with columns: Section#, C/NC, R, Narrative, To Be Corrected By. Narrative contains handwritten text 'OK to Sell'.

Received by (name and title printed): Danae Redick, Inspected by (name and title printed): Dean Snapp - FSH, Received by (signature): Danae Redick, Inspected by (signature): Dean Snapp - FSH