



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 () Establishment 765-543-5222 () Owner	Date of Inspection (mm/dd/yr) 7-3-21	ID # 27
Establishment Address (number and street, city, state, ZIP code) 3600 State Road 38 E. Suite C Lafayette IN 47905	Owner Tim Valient	Follow-up -	Release Date -
Owner's Address S. me	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) July 3rd. Marion	Summary of Violations: C <u> </u> NC <u> </u> R <u> </u>	
Person in Charge Tim Valient		Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u>	
Responsible Person's E-mail			
Certified Food Handler Tim Valient			

- 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): Heather Watts	Inspected by (name and title printed): Drew Smith PSTA	
Received by (signature): Heather Watts	Inspected by (signature): Drew Smith PSTA	
cc:	cc:	cc: