# Retail Food Inspection Report

Floyd County Health Department
Telephone (812) 948-4726

| Establishment Name | Telephone Number | Date of Inspection | ID# |
|---|---|---|---|
| KONA ICE (TRUCK #1) | Est 859-240-3072 | 03/15/2024 | |
| **Address** 2002 E. 1OTH ST, JEFFERSONVILLE IN 47129 | Own 859-240-3072 | | |

| Owner | Purpose | Follow Up | Released |
|---|---|---|---|
| TREVOR BURTRAW | X Routine | | 03/15/2024 |
| **Owner's Address** 1511 CLIFTWOOD DR CLARKSVILLE, IN 47129 | ___ Follow-up | | |
| **Person in Charge** LINDSY WETZEL | ___ Complaint | | |
| **Responsible Person's Email** L.WETZEL@KONA-ICE.COM | ___ Pre-Operational | | |
| **Certified Food Handler** | ___ Temporary | **Menu Type** | |
| | ___ HACCP | 1 X 2 __ 3 __ 4 __ 5 __ | |
| | ___ Other (list) | | |

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 |
|---|---|---|---|---|---|
| 291 | | X | | Observed expired test strips. | 10 DAYS |
| 438 | X | | | Observed a sanitizer spray bottle with no label. CORRECTION: Bottle was labeled with name of contents. | CORRECTED |

**Summary of Violations** C 1 NC 1 R 0 2

| Received by (name and title printed): | Inspected by (name and title printed): |
|---|---|
| LINDSY WETZEL | John Klem EHS |
| Received by (signature): | Inspected by (signature): John Klem |

| cc: | cc: | cc: |
|---|---|---|
| | | |