TEMPORARY EVENT INSPECTION REPORT

State Form 22116 (R10 / 4-25)
SDH Form 51-0001

Indiana Department of Health
Telephone (317) 233-1974
Fax (317) 233-9200

Based on an Inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, 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 KIOSK	**Telephone Number**: (812) 340-5712 Establishment ( ) Owner	**Date of Inspection** (*mm/dd/yyyy*): 6/10/2025	**ID Number**
Establishment Address (*number and street, city, state, and ZIP code*): 4345 St Rd 46 East			
Owner: Pamela Hilgeman	**Purpose:** 1. Routine; 2. Follow-up; 3. Complaint; 4. Pre-Operational; 5. Temporary; 6. HACCP; 7. Other (*list*) _____	**Follow-up**	**Release Date** (*mm/dd/yy*)
Owner's Address (*number and street, city, state, and ZIP code*): 7129 4 Mile Ridge Rd		**Summary of Violations:** P Ø Pf Ø C Ø R Ø	
Person in Charge: John Mooney			
Responsible Person's E-mail		**Menu Type** (*See back of page.*) 1 X 2 3 4 5	
Certified Food Handler: N/A by menu			

- PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P".
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".

Section#	P/Pf/C	R	Narrative	To Be Corrected By
			No violations observed at time of inspection	

Received by (*name and title printed*): John Mooney	Inspected by (*name and title printed*): Tiffany Petit, Assitant EHS
Received by (*signature*): X John D Mooney	Inspected by (*signature*):
cc:	cc:
	cc: