



# 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 <b>Kong's Ice of Midwest Indiana</b>	Telephone Number ( ) Establishment ( ) Owner	Date of Inspection (mm/dd/yr) <b>7/2/25</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>P.O. Box 6142 Lafayette, IN</b>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) _____		
Owner <b>Jim Valiant</b>	Follow-up	Release Date	
Owner's Address <b>226 N. Wilmington St.</b>	Summary of Violations:  <b>P F R</b>		
Person in Charge <b>Jim Valiant</b>	Menu Type (See back of page)  <b>1 2 3 4 5</b>		
Responsible Person's E-mail   			
Certified Food Handler <b>Jim Valiant</b>			

- 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"

Received by (name and title printed):

Jaden R. Hey

Inspected by (name and title printed):

inspected by (name and title)

Received by (signature):

ved by (signature):  

Impact of (signature)

Inspected by (signature):  cc:

CCU

cc.

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