

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name WINK'S HOMEMADE ICE CREAM	Telephone Number Est 812-989-0505 Own	Date of Inspection 09/25/2023	ID#
Address 501 S. CLARK BLVD, CLARKSVILLE IN 47129	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 10/05/2023
Owner WINSTON JOHNSON		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Owner's Address PO BOX 4083 CLARKSVILLE, IN 47129			
Person in Charge WINSTON JOHNSON			
Responsible Person's Email WINKSICECREAM@GMAIL.COM			
Certified Food Handler WINSTON JOHNSON			

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 COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
				No violations	

Summary of Violations C NC R **0**

Received by (name and title printed): WINSTON JOHNSON	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 

cc:	cc:	cc:
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