

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 02/27/2023	ID#
Address 501 S. CLARK BLVD, CLARKSVILLE IN 47129			
Owner WINSTON JOHNSON	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 03/08/2023
Owner's Address PO BOX 4083 CLARKSVILLE, IN 47129			Menu Type 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
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):	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): <i>Thomas Snider</i>
cc:	cc: