



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

BLACKFORD CO HEALTH DEPT
506 E. VAN CLEVE
HARTFORD CITY, IN 47348
(765) 348-4317

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 THE DREAM FOOD TRUCK	Telephone Number (765) 499-7995	Date of Inspection (mm/dd/yr) 8/7/25	ID # 5
Establishment Address (number and street, city, state, ZIP code) 418 E HUNTINGTON RD MONTPELIER			
Owner KASEY RINKER	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Commissary included	Follow-up NO	Release Date 8/17/25
Owner's Address SAME		Summary of Violations: C___ NC___ R___	
Person in Charge KASEY RINKER		Menu Type (See back of page) 1___ 2 <u>X</u> 3___ 4___ 5___	
Responsible Person's E-mail N/A			
Certified Food Handler KASEY RINKER			

• 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"

Section#	C/NC	R	Narrative	To Be Corrected By
			OK TO OPEN 8/17/25	
			THIS INSPECTION INCLUDES	
			A COMMISSARY INSPECTION	
			BASE ON NO FOOD PREP	
			JUST FROZEN PRE PACKAGED	
			FOOD FROM APPROVED SOURCE	
			AND SINGLE SERVICE ARTICLES	
			AND SHELF STABLE ITEMS	
			INSPECTION DONE PER	
			RULE 410 IAC 7-26	

Received by (name and title printed):

Kasey Rinker
Received by (signature):
Kasey Rinker

Inspected by (name and title printed):

R. Adams
Inspected by (signature):
R. Adams

cc:

cc:

cc: