



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			
Owner's Address SAME		Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) Commissary included			
Person in Charge KASEY RINKER		Follow-up NO Release Date 8/17/25			
Responsible Person's E-mail N/A		Summary of Violations: C NC R			
Certified Food Handler KASEY RINKER		Menu Type (See back of page) 1 2 X 3 4 5			
<ul style="list-style-type: none"> 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
			<p>OK TO OPEN 8/17/25</p> <p>THIS INSPECTION INCLUDES</p> <p>A Commissary Inspection</p> <p>BASE ON NO FOOD PREP</p> <p>JUST FROZEN Pre Packaged</p> <p>FOOD FROM APPROVED SOURCE</p> <p>AND SINGLE SERVICE ARTICLES</p> <p>AND SHELF STABLE ITEMS</p> <p>INSPECTION DONE PER</p> <p>RULE 410 IAC 7-26</p>		
Received by (name and title printed): Kasey Rinker			Inspected by (name and title printed): R. Baldock		
Received by (signature): Kasey Rinker			Inspected by (signature): R. Baldock		
CC:		CC:			CC: