



**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 <i>Puppie's Food Truck</i>	Telephone Number () Establishment () Owner	Date of Inspection (mm/dd/yr) <i>6/21/25</i>	ID # <i>27</i>
Establishment Address (number and street, city, state, ZIP code) <i>1425 Bay St. Dr., Houston</i>			
Owner <i>Stephen Payne</i>	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP	Follow-up	Release Date
Owner's Address <i>Sample</i>	Summary of Violations:		
Person in Charge <i>Stephen</i>	<input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> R		
Responsible Person's E-mail <i>Stephen Payne</i>	Menu Type (See back of page) <i>Breakfast/Brunch</i>		
Certified Food Handler <i>Stephen Payne</i>	1. Other (list): <i>Johnson, Mandy</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
3/15/25			

- 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):

Inspected by (name and title printed):

Received by (signature):

Importance of the study

88

20

114