## **Retail Food Establishment Inspection Report**

State Form 57480

Release Date:	07

14/2025

No. Risk Factor/Interventions Violations

Hendricks County Health Department

Telephone (317) 745-9217

Date:

07/04/2025

1816		A DEPARTMENT ROTECTION DI	-	No. Repea	at Risk Factor/Intervention Violatio	ns	0	Time In Time Out	6:18 pm 6:26 pm	
Establishment Chomp'z Truck			Address		City/State /	Zip Code		Telephone		
License/Permit # 1652		Permit Holder Kerry and Willie			Purpose of Inspection Routine	Est Type Mobile			Risk Category 3	
Certified Food Manage Willie Riddle	er	ServSafe	Exp. 06/21/20	026						
		FO	ODBORNE ILLNESS RISK	(FACTORS	AND PUBLIC HEALTH INTER	VENTIONS				
Circle designated complia	ance status (I	N. OUT. N/O. N/A) fo	or each numbered item		Mark "X" in	appropriate box for CO	S and/or	·R		_

		FOC	DBORNE ILLNESS RI	SK FACT	TORS A	ND	PUBI	IC HEALTH INTERVENTIONS				
Cir	rcle desig	nated compliance status (IN_OUT_N/O_N/A) for	each numbered item					Mark "X" in appropriate box for COS and/or R				
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  IN-in compliance OUT-not in compliance N/O-not observered N/A-not app				not annlicat								
				- ''	Compliance Status COS							
	Ostripulario Catalo											
		Supervision			1	17	IN	Proper disposition of returned, previously served, reconditioned & unsafe food	i			
1	IN	Person-in-charge present, demonstrates performs duties	knowledge, and		1	J.		Time/Temperature Control for Safety				
2 -	·····	Certified Food Protection Manager				18	IN	Proper cooking time & temperatures	I	T		
					<u></u> ]	19	IN	Proper reheating procedures for hot holding				
3	ın I	Employee He Management, food employee and condit		1 1		20	IN	Proper cooling time and temperature				
Ĭ	"\	knowledge, responsibilities and reporting				4 -						
4	IN	Proper use of restriction and exclusion				21	IN	Proper hot holding temperatures				
5	IN	Procedures for responding to vomiting a	nd diarrheal events			22	IN	Proper cold holding temperatures				
Good Hygienic Practices					2	23	IN	Proper date marking and disposition		]		
6	IN	Proper eating, tasting, drinking, or tobac		1 1	2	24	N/A	Time as a Public Health Control; procedures & records		]		
7	IN I	No discharge from eyes, nose, and mou						Consumer Advisory				
					2	25	N/A	Consumer advisory provided for raw/undercooked food				
8 <b>I</b>	Preventing Contamination by Hands    IN   Hands clean & properly washed					Highly Susceptible Populations						
	-::	No bare hand contact with RTE food or a	nre approved		2	26	N/A	Pasteurized foods used; prohibited foods not offered				
٦	""	alternative procedure properly allowed	i pre-approved					Food/Color Additives and Toxic Substances				
10	IN	Adequate handwashing sinks properly s	upplied and accessible		2	27	IN	Food additives: approved & properly used		$\Box$		
4-	h	Approved So	urce	1 1	2	28	IN	Toxic substances properly identified, stored, & used				
11	IN	Food obtained from approved source				Conformance with Approved Procedures						
12	N/O	Food received at proper temperature			2	29	N/A	Compliance with variance/specialized process/HACCP		$\top$		
13	IN	Food in good condition, safe, & unadulte	rated					<b>-</b>		· · · · · · · · ·		
14	N/A	Required records available: molluscan s	nellfish identification,			Risk factors are important practices or procedures identified as the						
] .		parasite destruction	· ·	] ]		most prevalent contributing factors of foodborne illness or injury.						
Protection from Contamination						Public health interventions are control measures to prevent foodborne						
15	IN	Food separated and protected		. [ ]		illness or injury.						
16	IN	Food-contact surfaces; cleaned & sanitize	ed		- 1	Щ						

					1	25	N/A	Consumer advisory provided for raw/undercooked food
8	IN		eventing Contamination by Hands & properly washed	l	ı			Highly Susceptible Populations
						26	N/A	Pasteurized foods used; prohibited foods not offered
9	IN		d contact with RTE food or a pre-approved rocedure properly allowed			1	1	Food/Color Additives and Toxic Substances
10	IN IN		ndwashing sinks properly supplied and accessible		1	27	IN	Food additives: approved & properly used
4			Approved Source		-1	28	IN	Toxic substances properly identified, stored, & used
11	IN	Food obtaine	ed from approved source			1		Conformance with Approved Procedures
12	N/O	Food receive	ed at proper temperature		1	29	N/A	Compliance with variance/specialized process/HACCP
13	IN	Food in good	l condition, safe, & unadulterated		1	·	1	.+
14	N/A	Required red	ords available: molluscan shellfish identification,			1	Risk fac	actors are important practices or procedures identified as the
]		parasite des			ļ			revalent contributing factors of foodborne illness or injury.
			Protection from Contamination					health interventions are control measures to prevent foodborne
15	IN	Food separa	ted and protected		<u></u>		illness o	or injury.
16	IN		t surfaces; cleaned & sanitized		Ī	∣ ∟		
						•		
Per	son in (	Charge	Kerry and Willie Riddle					Date: 07/04/2025
Insp	ector:		BRIAN PORTWOOD				Follo	ow-up Required: YES NO (Circle one)
					Pag	e 1 of	2	

Person in Charge

Kerry and Willie Riddle

## Retail Food Establishment Inspection Report

Hendricks County Health Department Telephone (317) 745-9217

Date:

07/04/2025

State Form 57480 INDIANA DEPARTMENT OF HEALTH License/Permit# Date: FOOD PROTECTION DIVISION 1652 07/04/2025 Address City/State Zip Code Establishment Telephone Chomp'z Truck **GOOD RETAIL PRACTICES** Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods Mark "X" in appropriate box for COS and/or R COS-corrected on-site during inspection R-repeat violation COS COS Safe Food and Water **Proper Use of Utensils** 30 N/A Pasteurized eggs used where required 43 IN In-use utensils: properly stored 31 Water & ice from approved source 44 ĪN Utensils, equipment & linens: properly stored, dried, & handled Variance obtained for specialized processing methods 45 Single-use/single-service articles: properly stored & used 32 N/A IN 46 IN **Food Temperature Control** Gloves used properly 33 IN Proper cooling methods used; adequate equipment for Utensils, Equipment and Vending temperature control Food & non-food contact surfaces cleanable, properly 47 IN 34 N/A Plant food properly cooked for hot holding designed, constructed, & used Approved thawing methods used 35 IN 48 IN Warewashing facilities: installed, maintained, & used; test strips Thermometers provided & accurate 36 IN 49 IN Non-food contact surfaces clean **Food Identification Physical Faclities** 37 IN Food properly labeled; original container 50 IN Hot & cold water available; adequate pressure **Prevention of Food Contamination** 51 ĪN Plumbing installed; proper backflow devices 38 IN Insects, rodents, & animals not present 52 ΙN Sewage & waste water properly disposed ĪN 39 Contamination prevented during food preparation, storage & 53 ĪN Toilet facilities: properly constructed, supplied, & cleaned uispiay Personal cleanliness 40 IN 54 IN Garbage & refuse properly disposed; facilities maintained 41 IN Wiping cloths: properly used & stored 55 IN Physical facilities installed, maintained, & clean 42 IN Washing fruits & vegetables 56 ĪN Adequate ventilation & lighting; designated areas used Outdoor Food Operation & Mobile Retail Food Establishment Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R IN-in compliance OUT-not in compliance N/O-not observered N/A-not applicable COS-corrected on-site during inspection R-repeat violation cos cos Outdoor Food Operation Mobile Retail Food Establishment 58 TEMPERATURE OBSERVATIONS (in degrees Fahrenheit) Temp Item/Location Temp Item/Location Temp Item/Location Shred lettuce - prep cooler 162.1 Cut tomato - prep cooler 34.2 41.0 Cheese sauce - steam table **OBSERVATIONS AND CORRECTIVE ACTIONS** Item Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Complete Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section by Date: 475 and 476 of the Indiana Retail Food Establishment Food Code Risk: COS: Repeat: **Summary of Violations:** Core:

Inspector: **BRIAN PORTWOOD** Follow-up Required: YES NO (Circle one)