



**Retail Food Establishment  
Inspection Report**

State Form 57480  
**INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION**

Release Date: 05/19/2026

Hendricks County Health Department

Telephone (317) 745-9217

No. Risk Factor/Interventions Violations 0

Date: 05/09/2026

Time In 11:35 am

No. Repeat Risk Factor/Intervention Violations 0

Time Out 11:55 am

|                                         |  |                                          |  |                                  |  |                    |  |                    |  |
|-----------------------------------------|--|------------------------------------------|--|----------------------------------|--|--------------------|--|--------------------|--|
| Establishment<br>Chomp'z Truck          |  | Address                                  |  | City/State<br>/                  |  | Zip Code           |  | Telephone          |  |
| License/Permit #<br>1652                |  | Permit Holder<br>Kerry and Willie Riddle |  | Purpose of Inspection<br>Routine |  | Est Type<br>Mobile |  | Risk Category<br>3 |  |
| Certified Food Manager<br>Willie Riddle |  | ServSafe                                 |  | Exp.<br>06/21/2026               |  |                    |  |                    |  |

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

|                                                                                |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  |                                                                                                                                                                                                                                                     |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
|--------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------|--|--|----------------------------------------------|--|--|--|--|------------------|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------|--|--|-----------------------------------------|--|--|--|--|--------------------|--|--|--|--|
| 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 observed |  |  |  |  | N/A-not applicable                                                                                                                                                                                                                                  |     |                                                                                |  |  | COS-corrected on-site during inspection |  |  |  |  | R-repeat violation |  |  |  |  |
| Compliance Status                                                              |     |                                                                                               |  |  | COS                                          |  |  |  |  | R                |  |  |  |  | Compliance Status                                                                                                                                                                                                                                   |     |                                                                                |  |  | COS                                     |  |  |  |  | R                  |  |  |  |  |
| <b>Supervision</b>                                                             |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  |                                                                                                                                                                                                                                                     |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 1                                                                              | IN  | Person-in-charge present, demonstrates knowledge, and performs duties                         |  |  |                                              |  |  |  |  |                  |  |  |  |  | 17                                                                                                                                                                                                                                                  | IN  | Proper disposition of returned, previously served, reconditioned & unsafe food |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 2                                                                              | IN  | Certified Food Protection Manager                                                             |  |  |                                              |  |  |  |  |                  |  |  |  |  | <b>Time/Temperature Control for Safety</b>                                                                                                                                                                                                          |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| <b>Employee Health</b>                                                         |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  |                                                                                                                                                                                                                                                     |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 3                                                                              | IN  | Management, food employee and conditional employee; knowledge, responsibilities and reporting |  |  |                                              |  |  |  |  |                  |  |  |  |  | 18                                                                                                                                                                                                                                                  | N/O | Proper cooking time & temperatures                                             |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 4                                                                              | IN  | Proper use of restriction and exclusion                                                       |  |  |                                              |  |  |  |  |                  |  |  |  |  | 19                                                                                                                                                                                                                                                  | IN  | Proper reheating procedures for hot holding                                    |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 5                                                                              | IN  | Procedures for responding to vomiting and diarrheal events                                    |  |  |                                              |  |  |  |  |                  |  |  |  |  | 20                                                                                                                                                                                                                                                  | N/A | Proper cooling time and temperature                                            |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| <b>Good Hygienic Practices</b>                                                 |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  |                                                                                                                                                                                                                                                     |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 6                                                                              | IN  | Proper eating, tasting, drinking, or tobacco products use                                     |  |  |                                              |  |  |  |  |                  |  |  |  |  | 21                                                                                                                                                                                                                                                  | IN  | Proper hot holding temperatures                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 7                                                                              | IN  | No discharge from eyes, nose, and mouth                                                       |  |  |                                              |  |  |  |  |                  |  |  |  |  | 22                                                                                                                                                                                                                                                  | IN  | Proper cold holding temperatures                                               |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| <b>Preventing Contamination by Hands</b>                                       |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  |                                                                                                                                                                                                                                                     |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 8                                                                              | IN  | Hands clean & properly washed                                                                 |  |  |                                              |  |  |  |  |                  |  |  |  |  | 23                                                                                                                                                                                                                                                  | IN  | Proper date marking and disposition                                            |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 9                                                                              | IN  | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed   |  |  |                                              |  |  |  |  |                  |  |  |  |  | 24                                                                                                                                                                                                                                                  | N/A | Time as a Public Health Control; procedures & records                          |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 10                                                                             | IN  | Adequate handwashing sinks properly supplied and accessible                                   |  |  |                                              |  |  |  |  |                  |  |  |  |  | <b>Consumer Advisory</b>                                                                                                                                                                                                                            |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| <b>Approved Source</b>                                                         |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  |                                                                                                                                                                                                                                                     |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 11                                                                             | IN  | Food obtained from approved source                                                            |  |  |                                              |  |  |  |  |                  |  |  |  |  | 25                                                                                                                                                                                                                                                  | N/A | Consumer advisory provided for raw/undercooked food                            |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 12                                                                             | N/O | Food received at proper temperature                                                           |  |  |                                              |  |  |  |  |                  |  |  |  |  | <b>Highly Susceptible Populations</b>                                                                                                                                                                                                               |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 13                                                                             | IN  | Food in good condition, safe, & unadulterated                                                 |  |  |                                              |  |  |  |  |                  |  |  |  |  | 26                                                                                                                                                                                                                                                  | N/A | Pasteurized foods used; prohibited foods not offered                           |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 14                                                                             | N/A | Required records available: molluscan shellfish identification, parasite destruction          |  |  |                                              |  |  |  |  |                  |  |  |  |  | <b>Food/Color Additives and Toxic Substances</b>                                                                                                                                                                                                    |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| <b>Protection from Contamination</b>                                           |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  |                                                                                                                                                                                                                                                     |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 15                                                                             | IN  | Food separated and protected                                                                  |  |  |                                              |  |  |  |  |                  |  |  |  |  | 27                                                                                                                                                                                                                                                  | N/A | Food additives: approved & properly used                                       |  |  |                                         |  |  |  |  |                    |  |  |  |  |
| 16                                                                             | IN  | Food-contact surfaces; cleaned & sanitized                                                    |  |  |                                              |  |  |  |  |                  |  |  |  |  | 28                                                                                                                                                                                                                                                  | IN  | Toxic substances properly identified, stored, & used                           |  |  |                                         |  |  |  |  |                    |  |  |  |  |
|                                                                                |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  | <b>Conformance with Approved Procedures</b>                                                                                                                                                                                                         |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |
|                                                                                |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  | 29                                                                                                                                                                                                                                                  | N/A | Compliance with variance/specialized process/HACCP                             |  |  |                                         |  |  |  |  |                    |  |  |  |  |
|                                                                                |     |                                                                                               |  |  |                                              |  |  |  |  |                  |  |  |  |  | <div><b>Risk factors</b> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.</div> |     |                                                                                |  |  |                                         |  |  |  |  |                    |  |  |  |  |

|                  |  |                |  |                     |  |                                                                                  |  |
|------------------|--|----------------|--|---------------------|--|----------------------------------------------------------------------------------|--|
| Person in Charge |  | Willie Riddle  |  | Date:               |  | 05/09/2026                                                                       |  |
| Inspector:       |  | BRIAN PORTWOOD |  | Follow-up Required: |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (Circle one) |  |



# Retail Food Establishment Inspection Report

State Form 57480

INDIANA DEPARTMENT OF HEALTH  
FOOD PROTECTION DIVISION

Hendricks County Health Department  
Telephone (317) 745-9217

License/Permit #  
1652

Date:  
05/09/2026

Establishment  
Chomp'z Truck

Address

City/State  
/

Zip Code

Telephone

## 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 R

COS R

### Safe Food and Water

|    |     |                                                      |  |  |
|----|-----|------------------------------------------------------|--|--|
| 30 | N/A | Pasteurized eggs used where required                 |  |  |
| 31 | IN  | Water & ice from approved source                     |  |  |
| 32 | N/A | Variance obtained for specialized processing methods |  |  |

### Food Temperature Control

|    |     |                                                                         |  |  |
|----|-----|-------------------------------------------------------------------------|--|--|
| 33 | IN  | Proper cooling methods used; adequate equipment for temperature control |  |  |
| 34 | N/A | Plant food properly cooked for hot holding                              |  |  |
| 35 | IN  | Approved thawing methods used                                           |  |  |
| 36 | IN  | Thermometers provided & accurate                                        |  |  |

### Food Identification

|    |    |                                           |  |  |
|----|----|-------------------------------------------|--|--|
| 37 | IN | Food properly labeled; original container |  |  |
|----|----|-------------------------------------------|--|--|

### Prevention of Food Contamination

|    |     |                                                                    |  |  |
|----|-----|--------------------------------------------------------------------|--|--|
| 38 | IN  | Insects, rodents, & animals not present                            |  |  |
| 39 | IN  | Contamination prevented during food preparation, storage & display |  |  |
| 40 | IN  | Personal cleanliness                                               |  |  |
| 41 | IN  | Wiping cloths: properly used & stored                              |  |  |
| 42 | N/O | Washing fruits & vegetables                                        |  |  |

### Proper Use of Utensils

|    |    |                                                                 |  |  |
|----|----|-----------------------------------------------------------------|--|--|
| 43 | IN | In-use utensils: properly stored                                |  |  |
| 44 | IN | Utensils, equipment & linens: properly stored, dried, & handled |  |  |
| 45 | IN | Single-use/single-service articles: properly stored & used      |  |  |
| 46 | IN | Gloves used properly                                            |  |  |

### Utensils, Equipment and Vending

|    |    |                                                                                    |  |  |
|----|----|------------------------------------------------------------------------------------|--|--|
| 47 | IN | Food & non-food contact surfaces cleanable, properly designed, constructed, & used |  |  |
| 48 | IN | Warewashing facilities: installed, maintained, & used; test strips                 |  |  |
| 49 | IN | Non-food contact surfaces clean                                                    |  |  |

### Physical Facilities

|    |    |                                                              |  |  |
|----|----|--------------------------------------------------------------|--|--|
| 50 | IN | Hot & cold water available; adequate pressure                |  |  |
| 51 | IN | Plumbing installed; proper backflow devices                  |  |  |
| 52 | IN | Sewage & waste water properly disposed                       |  |  |
| 53 | IN | Toilet facilities: properly constructed, supplied, & cleaned |  |  |
| 54 | IN | Garbage & refuse properly disposed; facilities maintained    |  |  |
| 55 | IN | Physical facilities installed, maintained, & clean           |  |  |
| 56 | IN | 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 observed

N/A-not applicable

COS-corrected on-site during inspection

R-repeat violation

COS R

COS R

|    |     |                        |  |  |    |     |                                  |  |  |
|----|-----|------------------------|--|--|----|-----|----------------------------------|--|--|
| 57 | N/A | Outdoor Food Operation |  |  | 58 | N/A | Mobile Retail Food Establishment |  |  |
|----|-----|------------------------|--|--|----|-----|----------------------------------|--|--|

## TEMPERATURE OBSERVATIONS

(in degrees Fahrenheit)

| Item/Location                 | Temp  | Item/Location            | Temp | Item/Location              | Temp  |
|-------------------------------|-------|--------------------------|------|----------------------------|-------|
| Coleslaw - prep cooler        | 35.1  | Cut tomato - prep cooler | 36.8 | Cheese sauce - steam wells | 140.6 |
| Grilled chicken - steam wells | 149.1 |                          |      |                            |       |

## OBSERVATIONS AND CORRECTIVE ACTIONS

| Item                     |                                                                                                                                                                                                                                                                                                                                 | Complete by Date: |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
|                          | Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code. |                   |
| Risk:<br>COS:<br>Repeat: |                                                                                                                                                                                                                                                                                                                                 |                   |

Summary of Violations:

P: \_\_\_\_\_

Pf: \_\_\_\_\_

Core: \_\_\_\_\_

Person in Charge Willie Riddle

Date: 05/09/2026

Inspector: BRIAN PORTWOOD

Follow-up Required:

YES

**NO**

(Circle one)