TEMPORARY EVENT INSPECTION REPORT

State Form 22116 (R10 / 4-25)
SDH Form 51-0001

Indiana Department of Health
Telephone (317) 233-1974
Fax (317) 233-9200

Based on an Inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, 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: Chubby's Pizza	Telephone Number: ( ) _____ Establishment ( ) _____ Owner	Date of Inspection (mm/dd/yyyy): 10/25/25	ID Number:
Establishment Address (*number and street, city, state, and ZIP code*): North Vernon			
Owner: Jonathan Ashpaugh	Purpose: (1.) Routine	Follow-up	Release Date (mm/dd/yy): 11/06/25
Owner's Address (*number and street, city, state, and ZIP code*): same	2. Follow-up	Summary of Violations:	
Person in Charge	3. Complaint	P 0 Pf 0 C 0 R 0	
	4. Pre-Operational		
Responsible Person's E-mail	5. Temporary	Menu Type (*See back of page.*)	
	6. HACCP		
Certified Food Handler	7. Other (*list*) _____	1 ___ 2 ___ 3 ✓ 4 ___ 5 ___	

- PRIORITY ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "P".
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R".

Section#	P/Pf/C	R	Narrative	To Be Corrected By
			No violations observed at time of inspection	

Received by (*name and title printed*): Jonathan Ashpaugh	Inspected by (*name and title printed*): Tiffany Petit AEHS
Received by (*signature*):	Inspected by (*signature*):
cc:	cc:
	cc: