Food Establishment Inspection Report

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VIRGINIA DEPARTMENT OF HEALTH LOCAL HEALTH DEPARTMENT As Governed by 12VAC5-421		**Date** _____

Establishment:	**Address:**	**City/State:**	**Zip Code**	**Telephone**

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in section 12VAC5-421-3930 of the Virginia Food Regulations. The Regulations can be viewed at http://www.vdh.virginia.gov/EnvironmentalHealth/Food/Regulations/index.htm.

Person in Charge (Signature) **Date**

Inspector (Signature) **Date**