Food Establishment Inspection Report

VIRGINIA DEPARTMENT OF HEALTH LOCAL HEALTH DEPARTMENT As Governed by 12VAC5-421	**Establishment:** **Address:**	**Date** _____ **Time In** _____ **Time Out** _____

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/environmental-health/food-safety-in-virginia/food-regulations/.**

Person in Charge (Signature) **Date**

Inspector (Signature) **Date**

This Inspection Report sets forth the health department's observations, alleged violations, and recommendations for compliance, but it is not a case definition as defined at Code of Virginia §2.2-4001. If you have additional facts you believe bear on this inspection and would like to schedule an informal-fact finding conference (IFFC) pursuant to Code of Virginia §2.2-4019, please contact the Environmental Health Specialist referenced on this inspection report within fifteen days of receipt of this document. Should an IFFC be scheduled and you fail to appear absent good cause, the Virginia Department of Health may issue an adverse case decision as contemplated by Code of Virginia §2.2-4020.2. This form contains information that could be subject to disclosure under Code of Virginia §2.2-3700.