

TEL NO.

Commonwealth of Virginia
Food Safety and Security Program
Department of Agriculture and Consumer Services
P.O. Box 1163
Richmond, Virginia 23218

CL: _____
REG FU: _____
NEXT IN: _____
BY: _____

CFN:
FEI:

INSPECTION REPORT

TO: _____
(Owner or Operator) (Title) (Date)

_____, Virginia,
(Firm Name) (Address)

During an inspection of your _____ on _____
the following objectionable conditions were observed:

Inspection Report left with _____ by _____ Inspector # _____
Name Title

_____ Adulterated food items listed in observations _____ were destroyed with my consent.

_____ Witnessed the collecting, marking, or sealing of samples _____

Portion of Sample was left with vendor Vendor did not desire portion of sample Pictures Price Paid: \$

Rdnts Insts Dirty Eq Dirty Pr Misbrnd Pest Mis Fat Decl Inf Form App Lw Egg Lw

Sanit Tmp Hot Tmp Cold Emp Prac Unp Food Sel Serv Sup Bldg Equip Plumb Adult Fd

Private Water/Sewer Public Water/Sewer

Name Change Add Change Nw Frm Food Svc HD Inspns Frz Des Home Op New Owner Wholesale Retail

INSPECTION TYPE **BASIS OF INSPECTION**

State Contract Routine Compliance Complaint

Product	FDA #	Action Taken	Lbs	P-#	Lot Code	Problem w/Product

SPECIAL CIRCUMSTANCES/CONDITIONS						
Audit Inspection <input type="checkbox"/>	FDA Audit Inspection <input type="checkbox"/>	Diet Supplements <input type="checkbox"/>	Disaster/Fire <input type="checkbox"/>	Recall Check <input type="checkbox"/>		

RISK ASSESSMENT			
	High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>

Product destroyed by management WITHOUT the Inspector's request in the following observation(s):

The above item does not require the signature of management and is NOT included in the voluntary destruction section of the Inspection Report