

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

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 ☐

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

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"/>		
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RISK ASSESSMENT

High ☐ Medium ☐ Low ☐

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