Food Establishment Inspection Report

LHD_____ Inspection Report Continuation Sheet **Date**_____

Establishment_____ **Town**_____

TEMPERATURE OBSERVATIONS

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

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Person in Charge (Signature) **Date**

Inspector (Signature) **Date**