


Food Establishment Inspection Report

	Facility Type: <div><div><input type="checkbox"/> Bar/Lounge</div><div><input type="checkbox"/> Adult Day Care</div><div><input type="checkbox"/> Afterschool Meal Prog</div><div><input type="checkbox"/> Assisted Living</div></div> <div><div><input type="checkbox"/> Civic</div><div><input type="checkbox"/> Crisis Stabilization Unit</div><div><input type="checkbox"/> Detention Fac.</div></div> <div><div><input type="checkbox"/> Domestic Violence</div><div><input type="checkbox"/> Fraternal Org.</div><div><input type="checkbox"/> Home for Special Services</div><div><input type="checkbox"/> Hospice</div></div> <div><div><input type="checkbox"/> Intermediate Care DD</div><div><input type="checkbox"/> Migrant Housing</div><div><input type="checkbox"/> Movie Theater</div></div> <div><div><input type="checkbox"/> PPEC</div><div><input type="checkbox"/> Recreational Camp</div><div><input type="checkbox"/> Residential Treatment Fac.</div><div><input type="checkbox"/> School</div></div> <div><div><input type="checkbox"/> Short-term Res Treat</div><div><input type="checkbox"/> Transitional Living Fac</div></div>									
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Food Establishment Inspection Report	
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Name of Establishment:

Permit Number:

Date:

TEMPERATURE OBSERVATIONS

[illegible][illegible][illegible]

Person in Charge (Signature)

Date _____

Inspector (Signature)

Date _____