

	ablishment Name ablishment Address (number and street, city, state, zip code)					Telephone Number  ( ) Establishment  ( ) Owner	Date of Inspection (mm/dd/yr)		ID#	
Owner						Purpose:	Follow-u	p Releas	se Date	
Owner's A						1. Routine 2. Follow-up 3. Complaint	Summary	Summary of Violations:		
Person in C	Charge					4. Pre-Operational	C NC R			
Responsible	e Person's	E-ma	il			5. Temporary 6. HACCP	Menu Typ	oe (See addi	tional page)	
Certified F	Certified Food Handler				7. Other (list)	12	3	_45		
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Owner's Address					<ol> <li>Routine</li> <li>Follow-up</li> <li>Complaint</li> </ol>	Summary of Violations:		ns:	
Person in Charge				4. Pre-Operational	C NC R				
Responsible Person's E-mail				5. Temporary 6. HACCP			tional page)		
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