

# Food Establishment Inspection Report – Town of Your Town, Health Department – 123-456-7890

Establishment:	Date:	Page ____ of ____
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Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

Observations and/or Corrective Actions
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Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Item Number	Section of Code	Description of Violation	Date to Correct By

Signature of Person-in-Charge:	Date:
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Signature of Inspector:	Date:
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