

FOOD SAFETY INSPECTIONS

School Year _____ to _____ Agreement # _____

FACILITY NAME: _____

NUMBER OF SITES: _____

FACILITY ADDRESS: _____

FACILITY PHONE NUMBER: _____

FACILITY CONTACT PERSON: _____

FOOD SERVICE MANAGEMENT COMPANY ___ YES ___ NO

CHECK THE NUMBER OF HEALTH INSPECTIONS YOUR FACILITY RECEIVED BETWEEN JULY 1 AND JUNE 30 OF PREVIOUS SCHOOL YEAR.

ZERO HEALTH INSPECTIONS ___ EXPLANATION REQUIRED/CALL FOR INSPECTIONS

ONE HEALTH INSPECTION ___ EXPLANATION REQUIRED/CALL FOR ADDITIONAL INSPECTION

TWO HEALTH INSPECTIONS ___ YOU HAVE MET THE USDA REQUIREMENT

MORE THAN TWO HEALTH INSPECTIONS ___ GREAT JOB HOW MANY _____

Submit a copy of each health inspection with this form to SNP by July 31.

Submit a copy of the health inspections for each site that prepares and/or serves food.

Submit copies of the health inspections for your food service management company if your facility uses one.

Keep a copy of this form and inspections for your files. Post most recent inspection.

Person Preparing Report _____ Date Submitted _____