

INSPECTING AGENCIES SIGN OFF FORM FOR RETAIL FOOD ESTABLISHMENT AND FOOD SERVICE OPERATIONS

Operation Name: _____
 Address: _____
 Telephone Number: _____

Owner/Operator Name: _____
 Address: _____
 Telephone Number: _____

Zoning Approval
 (If applicable) _____
Inspector Date

*Building Approval _____
Inspector Date

*Electrical Approval _____
Inspector Date

Plumbing Approval _____
Inspector Date

Fire Approval _____
Inspector Date

EPA Approval (if applicable)	Water System _____ Env. Engineer	_____ Date
	Sewage System _____ Env. Engineer	_____ Date

*Note: Copies of signed inspecting agencies' reports or certificate of occupancy may be submitted in lieu of inspector's signatures on this form.

Comments: _____

