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  Private Water System
☐ N/A   Installation Approval/Sample __________  
Date

Onsite Sewage Treatment System
☐ N/A           Installation Approval  __________  
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:______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Medina County Health Department, 4800 Ledgewood Drive, Medina, Ohio 44256
(330) 723-9523 - TOLL FREE (888) 723-9688 OPTION 3 - FAX (330) 723-9650 Email: env@medinahealth.org

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