

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