



Kentucky Public Health
Prevent. Promote. Protect.

Industry Response Form

Manufactured Food and Cosmetic

We value your feedback! All submissions will be reviewed and addressed. If you would like to be contacted, please indicate below.

Date:

Date of Inspection or event:

Is your concern or feedback related to: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Recent Inspection | <input type="checkbox"/> Inspection Results |
| <input type="checkbox"/> Other Interaction | <input type="checkbox"/> Inspector Conduct |
| <input type="checkbox"/> Other/Positive Feedback | |

Please share your concern or feedback:

Would you like to be contacted? Yes No

Firm Name: _____

KY Food Permit Number: _____

Owner Name: _____

Name of Person Completing form if not Firm Owner: _____

Title: _____ Telephone Number: _____

Physical Address: _____

Name of Inspector (if known): _____

Please e-mail this form to food.safety@ky.gov with "Manufactured Food" in the subject line or mail your response to: KY Dept for Public Health - Food Safety Branch; 275 E. Main St HS1E-A; Frankfort, KY 40621. If you have further questions, please contact the Manufactured Food Supervisor at (502)564-7181 option 2.

Our Mission: To improve the health and safety of people in Kentucky through **Prevention, Promotion and Protection**

Our Vision: Healthier People, Healthier Communities.

Our REACH Values: Responsiveness Equity Accountability Collaboration Honesty

