



Date Received: _____

**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
FOOD SAFETY BRANCH
502-564-7181**

FOOD PLANT INSPECTION REPORT

INSPECTION TYPE: Pre-opening
 Regular Follow-Up
 Survey Admin Follow-Up
 Reinspection Complaint Other

Permit No. _____ KY. Assign No. _____ FEI No. _____ ESAF Assign. No. _____

County _____ E-Mail _____

Firm Name _____ Phone Number _____ Risk Category _____

Firm Address _____ City _____ Zip _____

Lead Inspector _____ SI # _____ Region _____ Additional Inspectors _____

Date(s) of Inspection _____ Travel Time _____ Inspection Time _____ Report Time _____

Critical Repeat

LIST OBSERVATIONS AND VIOLATIONS:

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Check if report continued on DFS-221

The observations detailed above are classified as NAI VAI OAI and require correction within ____ days or follow up within ____ days

Failure to correct these deficiencies could result in further action against your firm per 902 KAR 1:400.

Responsible Party Signature _____ Print Name & Title _____ Date _____

Inspector(s) _____ Date _____ Supervisor _____ Date _____



Compliance Officer _____ Date _____