



<h2 style="text-align: center;">Food Service Establishment Inspection</h2>
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Inspector: _____ Inspection Date: _____ Follow Up Date: _____

Purpose of Inspection - New Facility _____ Non-Compliance _____ Other (Routine) _____

Facility Name: _____ Contact: _____

Address: _____ Phone: _____

_____ Fax: _____

ReWa Acct. #: _____ WS Account #: _____ GIS Code: _____

Facility Type: _____ Year Opened _____

Equipment: # of Seats (or beds) _____ # of Fryers _____ Grills _____ Disposal _____ Dishwasher _____

Recycling Co.: _____ Chemicals/Enzymes used: _____

Transporter Name: _____ Disposal Location: _____

C/O Frequency: Weekly _____ Monthly _____ Quarterly _____ Bi-Annual _____ Annually _____

Description of Grease Interceptor/Trap: _____

Comments: _____

_____	_____	_____	_____
Hauled Waste Inspector	Date	FSE Owner/Manager	Date

RECOMMENDATIONS: Non-Compliance Letter: _____ Inspection Fee: _____ Permit Fee: _____

STATUS: **Compliance:** _____ **Non-Compliance:** _____ **Pending:** _____

SKETCH AREA

Reviewed by: _____ **Date:** _____

Comments: _____