Food Service Establishment Inspection Report Addendum

Page _____ of _____

Violations cited in this report must be corrected within the timeframes specified below, or as stated in the Georgia Department of Human Resources Rules and Regulations for Public Health, Chapter 290-5-14-.04, subsections (2)(i) and (j).

Establishment	Permit #	Date

Address	City/State	Zip Code

Official Use Only

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Item Number	OBSERVATIONS AND CORRECTIVE ACTIONS

Person in Charge (Signature)	Date
Inspector (Signature)	Date