Request for Food Service Inspection

Date:

To: Department of Health in _____ County
Environmental Health Director/Administrator

I hereby request that the Department of Health, Environmental Health section, provide an inspection of the food service operation based on the requirements of section 381.0072, Florida Statutes and Florida Administrative Code, Chapter 64E-11 at the following location:

Name of Center _____

Street Address _____

City and Zip Code _____

Onsite Telephone # _____

This request is made in order to meet Child Care Food Program's food service inspection requirements. In addition, we understand that any requested inspection will be made unannounced within 60 days, from the date of receipt of our request by the local Department of Health's office.

The undersigned is a representative of the above specified establishment and is authorized to request this inspection:

_____ _____

Signature of Authorized Representative Date

_____

Name of Authorized Representative (print)

_____

Title of Authorized Representative (print)

_____

Telephone Number of Authorized Representative