

### INSPECTION REPORT – SUPPLEMENT

This form can be used in conjunction with F-45002 Restaurant / Retail Food Service Inspection Report

Check one of the following for which the inspection is being conducted

- Restaurant    Hotel/Motel/Tourist Rooming House    Bed & Breakfast    Swimming Pool    Campground  
 Recreational/Educational Camp    Tattoo/Body Piercing    Vending

Name of Establishment		
Street Address	City, Village or Township	County
Name of Licensee		
Street Address	City, Village	
Date of Survey	I.D. Number of Establishment	

**OPERATOR** – The violation(s) in operating procedure of physical arrangement indicated below must be corrected by the next routine inspection or such period of time as may be specified.

\_\_\_\_\_  
**SIGNATURE** – Licensee or Employee

\_\_\_\_\_  
**SIGNATURE** - Sanitarian