Wholesale Food Inspection Report Supplement

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Establishment	Sanitizer Type	**Date**
	Sanitizer Concentration/Hot Water Temp	
Address		

TEMPERATURE OBSERVATIONS **Types: Hot Hold (HH) Cold Hold (CH) Cooling (CL) Cooking (CK) Re-heating (RH)**

Food/Location	**Type/Temp**	**Food/Location**	**Type/Temp**

OBSERVATIONS AND CORRECTIVE ACTIONS

Rule violations cited in this report must be corrected within assigned time frames or may be subject to further enforcement action(s).

Item — ARM		**Correct By**

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