Establishment Name:_____ Date:_____ Page:_____ of _____

Item No.	Code Reference	C – Critical Item R – Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified

Discussion With Person in Charge:	Corrective Action Required:	❑ No	❑ Yes
	❑ Voluntary Compliance	❑ Employee Restriction / Exclusion	
	❑ Re-inspection Scheduled	❑ Emergency Suspension	
	❑ Embargo	❑ Emergency Closure	
	❑ Voluntary Disposal	❑ Other:	