

\_\_\_ Approved for Reopening  
\_\_\_ Pending Re-inspection  
Re-inspection Date \_\_\_\_\_

**Agency Name**  
**Disaster Survey Form**

Retail Food Event: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

- I. Did establishment lose electrical power: ☐ Yes ☐ No  
Time electrical off: Day \_\_\_\_ Hour \_\_\_\_ am/pm Time electrical on: Day \_\_\_\_ Hour \_\_\_\_ am/pm
- II. Number of Refrigerators: \_\_\_\_\_ Number of Freezers: \_\_\_\_\_  
Thermometers provided? ☐ Yes ☐ No Thermometers provided? ☐ Yes ☐ No  
Temperature of units: \_\_\_\_\_ Temperature of units: \_\_\_\_\_

Temperature Control for Cooking/Hot Holding/ Cooling/Refrigeration					
Food Item	Temp	Food Item	Temp	Food Item	Temp

- III. Evidence of flooding? ☐ Yes ☐ No Height of flood line: \_\_\_\_ inches
- IV. Physical damage to building (describe): \_\_\_\_\_  
Was any food destroyed prior to our visit? ☐ Yes ☐ No Owner's estimate of poundage? \_\_\_\_\_  
How was food disposed of? \_\_\_\_\_
- V. Additional food left to be destroyed (list)? \_\_\_\_\_

Please be advised that it is unlawful for any person to remove or dispose of the detained or seized articles by sale or otherwise without permission of the Department or the court in such case. Compile a list of the food left to be destroyed. Make arrangements with our office to have a Sanitarian witness the destruction. No Official Destruction Notice will be issued unless destruction is verified by a Sanitarian.

\_\_\_\_\_  
Owner/Representative Title FSIO/Sanitarian Reg #

Date: \_\_\_\_\_ Time: \_\_\_\_\_ FSIO/Sanitarian's phone number: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

OWNER'S NAME: \_\_\_\_\_

MEETS REQUIREMENTS	YES	NO
<b>WATER SUPPLY- Give Source</b>		
<b>TOILET FACILITIES</b>		
1. For Employees, Male and Female		
2. Room Ventilated		
3. Self-Closing Doors		
4. Lavatory Facilities		
5. Good Repair and Clean		
<b>WASTE DISPOSAL</b>		
1. Approved Garbage Containers, Adequate, Clean, Good Repair		
2. Adequate Drains (Traps)		
3. Proper Drains and Traps		
4. No Back-Siphonage Hazard or Cross Connection		
5. All Liquid Waste Connection to Sanitary Sewer or Approved Type Individual System		
<b>REFRIGERATION</b>		
1. Thermometers In All Refrigeration Units		
2. Drip Into Pan or Indirect To Sewer		
3. Ice Bins Covered, Indirect To Sewer		
4. Ice Source		
<b>UTENSILS -- CLEANING AND SANITIZING (Use Applicable Section)</b>		
1. Sink 3 Compartment, Single Service		
2. Clean Dish Storage		
3. Chemical Test Kit		
<b>DISHWASHER</b>		
1. Chemical or High Temp		
<b>MISCELLANEOUS</b>		
1. Approved sources, no adulterated food used, all damaged food removed		
1. Hand washing Facilities With Hot and Cold Water, Soap, and Sanitary Towels In Ready to Eat Food and Drink Preparation Area		
2. Outside Doors; Self Closing and/or Fans		
3. Windows Screened. Ventilation Fans Louvered or Screened		
4. Hood (If Present) With Exhaust Fan. Adequate Size		
5. Floors, Walls, Ceilings In Kitchen, Storerooms, Toilets are Smooth and Finished In a Light Color		
6. Self-Closing Service Windows and/or Fans		
7. No Direct Opening to Living Quarters. (If Applicable)		
8. Premises Clean, Free from Insects and Rodents		
9. Shielded Lighting In Preparation & Storage Area		
10. Mop-Sink For Cleaning Floors, Etc.		

Signature and Title: \_\_\_\_\_ Permit #: \_\_\_\_\_

FSIO/Sanitarian: \_\_\_\_\_ Date: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_