BOARD OF HEALTH

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified
25	4-902.12			

Discussion With Person in Charge: Low risk operation retail only

Corrective Action Required ☑No ☐Yes

☐Voluntary Compliance
☐Re-inspection Scheduled
☐Embargo
☐Voluntary Disposal
☐Employee Restriction / Exclusion
☐Emergency Suspension
☐Emergency Closure
☐Other