FSI-898(rev. 9/95) pm5 (THIS NO. MAY BE WRONG!!! Too small to read.)

NYS Department of Agriculture and Markets
Division of Food Safety and Inspection

HOME PROCESSOR SUPPLIMENTAL SANITARY INSPECTION REPORT **Date** | | | | | | |

Est. Name **Est. No.** | | | | | | |

THIS ESTABLISHMENT IS A 20-C EXEMPT HOME PROCESSOR APPROVED TO PROCESS THE FOLLOWING NON-POTENTIALLY HAZARDOUS FOOD PRODUCTS

1. _____ **2.** _____

3. _____ **4.** _____

This establishment has a (municipal) (private) water supply (private water supplies must be analyzed annually).

Establishment Phone Number

Last water analysis date_____

Product labeling reviewed

Yes____ **No**____

Firm will submit labels for review

Yes____ **No**____

Item No's: Gen. & Spec. Lists	DEFICIENCIES NOTED

Inspector(s) Signatures

Signature of Establishment Representative	Title	Date

I have received a copy of this report consisting of_____ pages. The deficiencies noted in this Sanitary Inspection Report including those on all the preceding sheets, if attached, are violations of the Agricultural and Markets Law. Corrections must be made immediately. The Department may institute action without further inspection in cases of substantial violation or deficiency.