

Food Safety Inspection Results

Date: [Insert Date]

To: [Establishment Name]

Address: [Establishment Address]

Inspection Summary

Inspector Name: [Inspector Name]

Inspection Type: [Routine/Follow-Up]

Results:

- Overall Rating: [Pass/Fail]
- Critical Violations: [Number]
- Non-Critical Violations: [Number]

Details of Violations:

Violation Type	Description	Action Required
Critical	[Description of Critical Violation]	[Action Needed]
Non-Critical	[Description of Non-Critical Violation]	[Action Needed]

Next Steps:

Please address the violations noted by [Insert Follow-Up Date]. A re-inspection will be conducted on [Insert Re-inspection Date].

Thank you for your attention to this matter.

Sincerely,

[Inspector Name]

[Inspector Title]

[Health Department Name]