

Enter your Agency Name Here

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: _____

