



Cambridge-Guernsey County Health Department

326 Highland Avenue

Cambridge Ohio 43725

(740) 439-3577

## FOOD SERVICE OPERATION

### Inspecting Agencies Sign Off Form

Name of Operation: \_\_\_\_\_

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

\_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

\_\_\_\_\_

Owner Phone: \_\_\_\_\_

APPROVAL: (if applicable)

Water System: (Env. Engineer) \_\_\_\_\_ Date: \_\_\_\_\_

Sewage System: (Env. Engineer): \_\_\_\_\_ Date: \_\_\_\_\_

Building Approval :( Inspector) \_\_\_\_\_ Date: \_\_\_\_\_

Plumbing Approval: (Inspector) \_\_\_\_\_ Date: \_\_\_\_\_

Electrical Approval: (Inspector) \_\_\_\_\_ Date: \_\_\_\_\_

Fire Marshal Approval: (Inspector) \_\_\_\_\_ Date: \_\_\_\_\_

**Copies of signed inspecting agencies' reports may be omitted in lieu of inspectors' signatures on this form.**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_

