Enter your Agency Name Here
Retail Food Event: ____
Address: ____
____
City: _____________________________ State:_________ Zip Code: ___________ Phone: __________________
I. Did establishment lose electrical power: տ Yes տ No
Time electrical off: Day ___ Hour _____ am/pm Time electrical on: Day ____ Hour ____ am/pm
II. Number of Refrigerators: _____ Number of Freezers:____
Thermometers provided? տ Yes տ No Thermometers provided? տ Yes տ No
Temperature of units: ___________________