



**LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS
DEPOT INSPECTION
DAIRY PRODUCTS AND FROZEN DESSERTS**



DEPOT: PERMIT #:		
ADDRESS/LOCATION:		
OPERATOR: PHONE #:		
Brief Description of Facility:		
PRODUCTS HANDLED		
TYPE	SOURCE	
NEEDS ATTENTION		
	SATISFACTORY	NEEDS ATTENTION
Construction of Building & Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Surroundings	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Crate Storage	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of Storage Vault	<input type="checkbox"/>	<input type="checkbox"/>
Condition of Products on Hand	<input type="checkbox"/>	<input type="checkbox"/>
Garbage, Trash, Wash, Disposal	<input type="checkbox"/>	<input type="checkbox"/>
Temperature: Ambient, Storage Vault:	Product:	Container Size:
Comments:		

Date: _____
Sanitarian: #:

Operator: _____