

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

OFFICE OF PUBLIC HEALTH

SEAFOOD SANITATION UNIT

SEA FOOD
PLANT INSPECTION
FD 14 (R 1/89)

<input type="checkbox"/> Crabs <input type="checkbox"/> Shrimp <input type="checkbox"/> Fish <input type="checkbox"/> Other (Specify) _____		INSPECTED DURING PACKING <input type="checkbox"/> Yes <input type="checkbox"/> No		AMOUNT PACKED
NAME OF PLANT		NO. OF EMP.	DATE OF REPORT	
EXECUTIVE OFFICER		P. O. ADDRESS		PERMIT NO.
TOWN		PARISH		

If Not Satisfactory Indicate With Cross → <input checked="" type="checkbox"/>	REMARKS
Rooms: Condition	<input type="checkbox"/>
Arrangement	<input type="checkbox"/>
Floors: Material	<input type="checkbox"/>
Condition (Good Repair, Drained, Clean)	<input type="checkbox"/>
Walls and Ceiling (Good Repair, Painted, Clean)	<input type="checkbox"/>
Screens	<input type="checkbox"/>
Sewerage: Inside Plant	<input type="checkbox"/>
Outside Plant	<input type="checkbox"/>
Light	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>
Water Supply:	<input type="checkbox"/>
<input type="checkbox"/> City	<input type="checkbox"/>
<input type="checkbox"/> Private Well	<input type="checkbox"/>
Date Tested-	<input type="checkbox"/>
Facilities for Heating	<input type="checkbox"/>
Temperature	<input type="checkbox"/>
Utensils: Storage	<input type="checkbox"/>
Good Repair, Clean	<input type="checkbox"/>
Three Compartment Sink	<input type="checkbox"/>
Chlorine P.P.M.	<input type="checkbox"/>
Food Storage	<input type="checkbox"/>
Refrigeration, Temperature _____ °F	<input type="checkbox"/>
Satisfactory	<input type="checkbox"/>
Lavatory: (Good Repair, Clean)	<input type="checkbox"/>
Hot & Cold Water	<input type="checkbox"/>
Approved Soap & Sanitary Towels	<input type="checkbox"/>
Conveniently Located	<input type="checkbox"/>
Toilets: (Good Repair, Painted, Clean)	<input type="checkbox"/>
<input type="checkbox"/> Sanitary Pit <input type="checkbox"/> Flush	<input type="checkbox"/>
Conveniently Located	<input type="checkbox"/>
Foodhandlers: Appearance	<input type="checkbox"/>
Medical Cert. (Where Required)	<input type="checkbox"/>
Refuse Disposal	<input type="checkbox"/>
Plant Surroundings	<input type="checkbox"/>

EQUIPMENT AND PROCESS

PICKING TABLES (TYPE AND CONDITION)		SKINNING OR SCALING BENCHES (TYPE AND CONDITION)	
SORTING SCREENS	BRINE TEMPERATURE	WASHING OF PICKED STOCK	CONTAINERS (LABEL, CODE, ETC.)
METHOD OF STORAGE		SHIPPING CONTAINERS (TYPE AND CONDITION)	

REMARKS

SIGNATURE OF RECIPIENT	SIGNATURE OF SANITARIAN
------------------------	-------------------------

