



Date of Inspection:		Tag No:	
Name of Owner:			
Address of Owner:			
Phone No.:		Fax:	Email:
Name of Local Contact:			
Phone No.:		Fax/Alt No.:	Email:
Unit Name:		Unit Model No.:	Unit Serial No.:
Unit Physical Address:			Parish:
Unit Physical Location Additional Notes:			
Name of Public Water System:			
Treatment(s):			
If sample(s) collected, list IS number(s):			
An inspection of the above-referenced water-vending unit has been made on the date noted under the authority of LSA R.S. 40: 701 of the State Food Drug and Cosmetic Law and regulations promulgated thereunder. The items marked below with an X are defects that must be remedied within the timeframe discussed; critical issues will be addressed on an attached FD-31 Notice of Violations document.			
DESIGN AND CONSTRUCTION:			
	1. All components and surfaces appear to be designed to be easily cleaned and maintained in a sanitary condition.		
	2. The unit has a guarded, corrosion-resistant spout.		
	3. The unit has a system for handling spillage and overflow conditions from the dispenser.		
	4. The unit is equipped with a tight-fitting, self-closing dispensing door.		
	5. The unit is clearly labelled with contact information.		
	6. The water connection has an in-line backflow-prevention device.		
	7. Any discharge of condensate/process water is designed in such a way as to avoid creating a nuisance condition.		
SANITATION:			
	8. The unit is maintained in a clean and sanitary condition.		
	9. The unit is free of insects and other pests.		
RECORDS:			
	10. The owner's representative holds/has ready access to maintenance and cleaning records for the unit.		
	11. Units with silver-impregnated carbon filters are tested for silver residuals on a quarterly basis (not to exceed 0.1 mg/L).		
	12. A negative test for coliform bacteria (total and fecal) is either attached or on file for the product water.		
ADDITIONAL COMMENTS:			

Signature of Owner/Owner's Representative

Sanitarian Name

Sanitarian No.

Sanitarian Signature