

Food Establishment Written Verification of Correction

All orders from inspection must be addressed on this form. Detail corrective action taken for each order issued on the inspection report. Submit this form by _____. Make additional copies if necessary.

Mail to:
Edina Health Department
4801 W. 50th St.
Edina, MN 55424

Fax to:
(952) 826-1607
Attn: Edina Health Department

Establishment Name: _____

Inspection Date: _____ Signature of Person in Charge _____

4626.0225 MN Rule Number Date of Compliance 7/11/11 *Example*

Corrective action taken: We have developed new policy to eliminate bare hand contact with ready to eat foods. Staff will use tongs, glove, deli paper, or utensils to handle ready to eat foods.

_____ MN Rule Number Date of Compliance _____

Corrective action taken: _____

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