

Food Establishment Written Verification of Corrections

Risk Factors **must be corrected immediately**; Good Retail Practices **must be corrected within 48 hours**.
Please submit this action plan with corrections within 48 hours.

Mail: Minnetonka Environmental Health Division **Fax: (952) 939-8244**
14600 Minnetonka Blvd., Minnetonka, MN 55345 Attn: Environmental Health

Email Inspector: lgyswyt@eminnetonka.com nmanchester@eminnetonka.com
mgreene@eminnetonka.com

Name of Establishment: _____

Inspection Date: _____ **Signature of Person in Charge:** _____

Violation #:

Action taken:

Date of compliance:

Violation #:

Action taken:

Date of compliance:

Violation #:

Action taken:

Date of compliance:

Violation #:

Action taken:

Date of compliance:

Name of Establishment:

Violation #:

Action taken:

Date of compliance:

Violation #:

Action taken:

Date of compliance:

Violation #:

Action taken:

Date of compliance:

Violation #:

Action taken:

Date of compliance:

Violation #:

Action taken:

Date of compliance: