

ESTABLISHMENT FOLLOW-UP

Establishment name		Phone	
Person contacted		Title	
Action: <input type="checkbox"/> LHD <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Other _____		Number on hand	Other complaints
Findings/comments			
Follow-up sample collected <input type="checkbox"/> Yes <input type="checkbox"/> Not		<i>Environmental Health Specialist</i>	

Note: Complaint form should be used for initial complaint even if a sample is not involved. If a manufactured food product or foodborne illness is involved, please forward to ISDH.

INDIANA STATE DEPARTMENT OF HEALTH

Food Protection Program
2 North Meridian Street
Indianapolis, IN 46204

SAMPLE RELEASE DOCUMENT

I, _____ (Name) _____ (Street Address)
_____ (City) _____ (State and Zip Code)

hereby agree to release the sample(s) described below into the custody of the authorized representative of the Food Protection Program, Indiana State Department of Health, for investigation and/or analysis:

_____, _____
(Customer Signature) (Date)

_____, _____
(Food Protection Representative) (Date)