

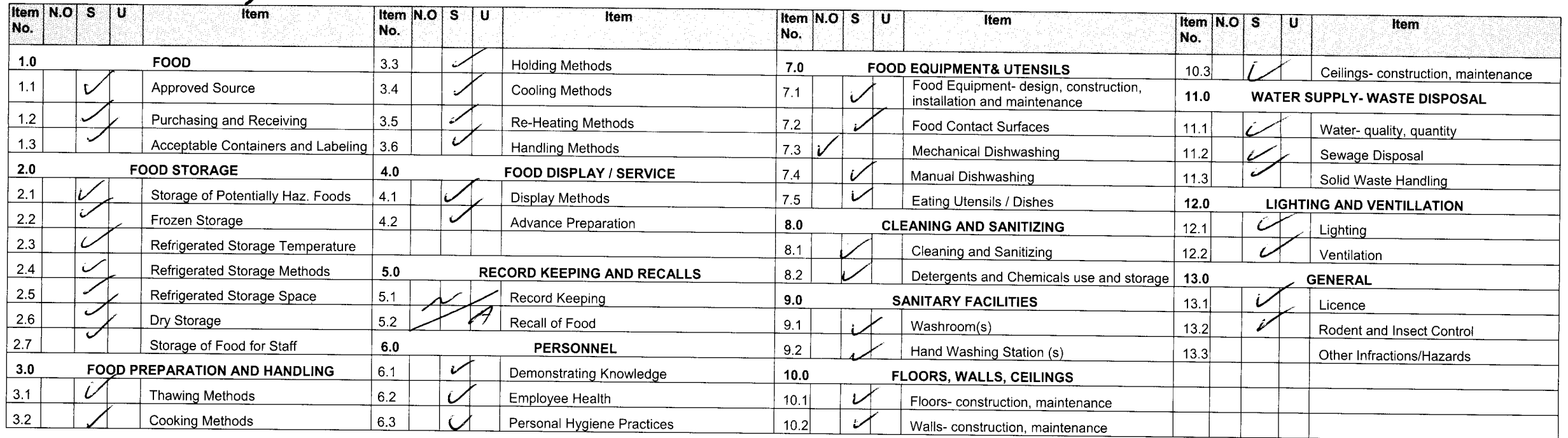
Type: ____ Class 1, ____ Class 2, ____ Class 3, ☒ Class 4, ____ Class 5

Operator: _____

Address: Melville Ave. Bay City,

Category: ☐ Routine, ☐ Re-inspection, ☐ Complaint, ☐ New Facility, ☐ CD Follow-up inspection

Number of employees: 1 Seating Capacity: 2 Water Supply: Private 217 Municipal 217



Item No.	MI	MA	CR	REMARKS	Date for Correction

N.O-Not Observed, S-Satisfactory, U-Unsatisfactory, MI-Minor Infraction, MA-Major Infraction, CR-Corrective

Green: ☒ Light yellow: ☐ Dark yellow: ☐
Light red: ☐ Dark red: ☐ Date of Inspection: 23/06/11 Re-Inspection Required: yes ☐ no ☒
If Yes, Date: _____

1st page = office copy 2nd page = operator's copy 3rd page = posted copy