



OFFICIAL VISIT REPORT

Program Category:

- | | | | |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Animal Bites | <input type="checkbox"/> Housing | <input type="checkbox"/> Recreation | <input type="checkbox"/> Vector Control |
| <input type="checkbox"/> Epidemic Investigation | <input type="checkbox"/> Milk | <input type="checkbox"/> Sewage | <input type="checkbox"/> Water |
| <input type="checkbox"/> Food | <input type="checkbox"/> Nuisance Investigation | <input type="checkbox"/> Solid Waste | <input type="checkbox"/> Other: _____ |

Name of Facility or Establishment: _____

Address: _____ Owner/Operator: _____

Reason for or Nature of Visit:

Findings:

Date: _____

Sanitarian: _____