



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES
CONSUMER AND ENVIRONMENTAL HEALTH SERVICES
PO BOX 369
TRENTON, N.J. 08625-0369

JON S. CORZINE
Governor

www.nj.gov/health

HEATHER HOWARD
Commissioner

RETAIL FOOD-DISASTER SURVEY FORM SITE VISIT

Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Did establishment lose electrical power? \_\_\_\_\_ Yes \_\_\_\_\_ No

Time off: \_\_\_\_\_, \_\_\_\_\_ am/pm Time on: \_\_\_\_\_, \_\_\_\_\_ am/pm
Day Hour Day Hour

2. Number of Refrigerators: \_\_\_\_\_ Number of Freezers: \_\_\_\_\_
Thermometers provided? YES NO Thermometers provided? YES NO

Temperature of units: \_\_\_\_\_

Table with 6 columns: Food Item, Temp, Food Item, Temp, Food Item, Temp. The table is currently empty.

3. Evidence of flooding? \_\_\_\_\_ Height of flood line: \_\_\_\_\_ inches

4. Physical damage to building: \_\_\_\_\_

Was any food destroyed prior to visit? \_\_\_\_ Owner's estimate of poundage? \_\_\_\_

How disposed? \_\_\_\_\_

5. Additional food left to be destroyed? \_\_\_\_\_

Please be advised that it is unlawful for any person to remove or dispose of the detained or seized articles by sale or otherwise without permission of the Department or the court in such case. (N.J.S.A. 24:4-12) Compile a list of the food to be destroyed. Make arrangements with the health department to have a Registered Environmental Health Specialist witness the destruction.

\_\_\_\_\_  
Owner/Representative                      Title                      Date:                      Time: \_\_\_\_\_

\_\_\_\_\_  
Inspector's Name                      Title                      Reg #                      Phone # \_\_\_\_\_