



**RETAIL FOOD-DISASTER SURVEY FORM**

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: \_\_\_\_\_

Food Item	Temp	Food Item	Temp	Food Item	Temp

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 # \_\_\_\_\_ Inspector's Phone # \_\_\_\_\_