



## DOHI VISIT

Officer's Name: ..... Date/Time of Visit: .....

Officer's Title: .....

Reason for Visit: .....

(Routine, re-visit, complaint, survey or suspected food-borne illness)

Details of Complaint:

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Records Inspected: .....

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Documents/Samples Taken: .....

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Faults Found: (record all faults the inspector explains during the inspection)

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Course of Action: (ensure you understand exactly what needs to be done)

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Manager/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_