





Facility Name: <u>GRIZZLY CREEK RANCH</u> <sup>(SHA)</sup> <u>PR 109</u>	Pg <u>2</u> of <u>2</u>
FA ID # <u>109</u>	Date of Inspection: <u>4/10/18</u>

OBSERVATIONS AND CORRECTIVE ACTIONS

H1) OBTAIN A CERTIFIED FOOD HANDLER AS SOON AS POSSIBLE.

Received by (Print)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date: