RE-INSPECTION REQUEST

TO: Bureau of Inspection and Enforcement, DEH, DPHSS
Facsimile No. (671) 734-5556

FROM: _____
ESTABLISHMENT NAME

_____
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on _____ by _____
Date Name of PHI/EHS Inspector

resulting a letter grade of _____. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.
If you should have any questions, please call me at _____. Thank you.

_____ _____ _____
PRINT NAME SIGNATURE DATE

rbc 10/18/05