**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: ________________________________________

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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 #