



TEMPORARY RESTAURANT INSPECTION REPORT

Business/Organization \_\_\_\_\_ Audit/License # \_\_\_\_\_
Event/Location \_\_\_\_\_ Dates/Hours \_\_\_\_\_

VIOLATIONS (OAR 333-150)

- 1. [ ] Person in charge not assigned or cannot demonstrate knowledge (2-101.11, 2-102.11)
2. [ ] Poor personal hygiene; eating, drinking, smoking, restrained hair, jewelry or fingernails (2-302.11, 2-304.11, 2-401.11, 2-402.11)
...
27. [ ] Rodent or insects not properly controlled (6-501.111)

SPECIFIC PROBLEM & REQUIRED CORRECTION

Multiple horizontal lines for writing specific problems and required corrections.

Operator \_\_\_\_\_ Sanitarian \_\_\_\_\_ Date \_\_\_\_\_

This form is available in alternate format. Please contact Food Program at (503) 731-4012.

White-Licensing Agency; Green-Operator

DHS 34-3 (REV 01-02)



TEMPORARY RESTAURANT LICENSE

Business/Organization \_\_\_\_\_ Audit/License # \_\_\_\_\_
Mailing Address \_\_\_\_\_
Applicant \_\_\_\_\_ Phone # \_\_\_\_\_
Event/Location \_\_\_\_\_ Dates/Hours \_\_\_\_\_
Menu \_\_\_\_\_

Make check payable to: \_\_\_\_\_ Benevolent [ ] Non-Benevolent [ ]

License Fee Pd \_\_\_\_\_ Receipt # \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_