|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date |  |  |  | Certification No  **(please complete a separate sheet for each)** |
| Area ID |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Clean down of All Benches | Yes | No |
| Inspection of Area for Food Safety Issues | Yes | No |

|  |  |  |
| --- | --- | --- |
| Number and Size of Packages | Number |  |
|  | Size |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Boxes Labelled & Dated | Labelled | Yes | No |
|  | Dated | Yes | No |

|  |  |
| --- | --- |
| Purchasee Name |  |
| Invoice Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Payment Received | | Yes | No |
| Packed By |  | | |