|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |  |