

Date of Inspection: 7/30/25  
Time of Inspection: 12 pm  
Type of Inspection: ☐ Annual ☒ Complaint  
☐ Follow Up (Original Inspection)  
Date: \_\_\_/\_\_\_/\_\_\_  
Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

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