

Date of Inspection: 10-31-25
Time of Inspection: 10:00a/10:45
Type of Inspection: ☒ Annual ☐ Complaint
☐ Follow Up (Original Inspection)
Date: ___/___/___
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Date: 10-31-2025