

Date of Inspection: 10/31/25  
Time of Inspection: 1:22-2:00

Type of Inspection: ☐ Annual ☒ Complaint

☐ Follow Up (Original Inspection)

Date: \_\_\_/\_\_\_/\_\_\_

Reason for Follow up:

☐ Pending Deficiencies

☐ Self-Reported Incident

Date: 10/31/25