

## Notification of Non-conformity

Name of Establishment		License number	
Date	mm/dd/yy	Issue number	
Recipient (Dept, Title • Name)			
Classification of non-conformity	<input type="checkbox"/> Self Sanitation Management Standard	<input type="checkbox"/> HACCP	<input type="checkbox"/> Other
<input type="checkbox"/> Reason :			
Signature of Inspector (Department, Title and Name)			
<input type="checkbox"/> Corrective Actions :			
<input type="radio"/> Immediate corrective actions :			
<input type="radio"/> Follow-ups :			
Manager on Duty (Dept, Title, and Name)		date	mm/dd/yy
Inspector (Dept, Title, and Name)		date	mm/dd/yy