



REQUEST FOR INSPECTION

Today's Date:

Name of Requestor:

Company Name:

Address:

City:

State:

Zip:

County:

Phone:

Email:

Inspection Type: ☐ Warehousing ☐ Manufacturing
 ☐ Home Bakery ☐ Egg (under 500 birds)

****Note: License/registration fees are collected at the time of inspection.**

Type of Product:

☐ FOOD ☐ COSMETICS ☐ OVER THE COUNTER DRUGS
☐ DIETARY SUPPLEMENTS

(Explain type of product being manufactured and type of process (Ex: Bottling, Baking, etc.)

Email completed form to: foodsafety@agri.ohio.gov

Or mail to: Ohio Department of Agriculture, Division of Food Safety
8995 E Main St., Reynoldsburg, OH 43068