

**Office Use Only**

Permit # \_\_\_\_\_ Date Paid \_\_\_\_\_ Amt \$ \_\_\_\_\_ Check # \_\_\_\_\_

Received By \_\_\_\_\_ Receipt # \_\_\_\_\_

**AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT****Environmental Health Services Division****P.O. Box 142529 Austin, TX 78714****Phone: (512) 978-0300 Email: EHSD.Service@austintexas.gov****Office Location:** 1520 Rutherford Ln, NE corner of Rutherford Ln @ Cameron Rd, East Entrance of Bldg 1 (no mail accepted here)**Food Enterprise Re-Inspection Notice****Date:** \_\_\_\_\_**Permit#:** \_\_\_\_\_**Food Enterprise Name:** \_\_\_\_\_**Address:** \_\_\_\_\_

This is notice that a re-inspection by this Department is required due to one or more of the following deficiencies observed at your Food Enterprise:

<b>Deficiency</b> (check all that apply)	<b>Re-inspection Fee Due By</b> (if applicable)
<input type="checkbox"/> Lack of refrigeration unit(s) to hold foods at proper temperature	
<input type="checkbox"/> Not compliant with Certified Food Manager requirements	
<input type="checkbox"/> Infestation of roaches, rodents, flies, or other vectors	
<input type="checkbox"/> Presence of sewage inside or outside of the establishment	
<input type="checkbox"/> Inadequate or no hot water	
<input type="checkbox"/> Score below 70 on routine inspection or scored re-inspection	
<input type="checkbox"/> Suspension of operating permit due to imminent health hazards	
<input type="checkbox"/> Other: _____	

**Do deficiencies require 2 or more re-inspections?** Yes ☐ No ☐ **TOTAL AMOUNT DUE:** \_\_\_\_\_**A re-inspection must be conducted and approved by this Department within the following timeframe:****Additional Comments:** \_\_\_\_\_

FAILURE TO PAY FOR AND PASS A RE-INSPECTION BY THE COMPLIANCE DATE INDICATED MAY RESULT IN LEGAL ACTION AND/OR THE SUSPENSION OF THE FOOD ENTERPRISE PERMIT.

**Sanitarian:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_**Received by:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

- No re-inspection will be scheduled until a re-inspection fee has been paid (when applicable).
- This form must be submitted along with payment to this Department.
- You may submit payment via:
  - walk-in to our office located at 1520 Rutherford Lane (not a mailing address); or,
  - credit card over the phone, but you must first email it to **EHSD.Service@austintexas.gov** and then call 978-0300 to make payment.

<b>FEES</b> (payable to <i>Austin-Travis County Health and Human Services Department (ATCHHSD)</i> )	
<b>City of Austin and Contracted Municipalities</b>	<b>Travis County Jurisdiction</b>
<b>\$126</b> re-inspection fee for each re-inspection conducted.	<b>No fees</b>
<b>\$126</b> additional fee for expedited or after-hours re-inspections.	

**No refunds for any reason after 180 days from receipt of payment.**Please complete our Environmental Health Services survey at [www.surveymonkey.com/s/EHSDSurvey](http://www.surveymonkey.com/s/EHSDSurvey)