

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; Fax: (512) 978-0322

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 Application Form

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:

Deficiency (check all that apply)	Re-inspection Fee Due By (if applicable)
<input type="checkbox"/> Lack of refrigeration unit(s) to hold foods at proper temperature	
<input type="checkbox"/> Infestation of roaches, rodents, flies, or other vectors	
<input type="checkbox"/> Presence of sewage either inside or outside of the establishment	
<input type="checkbox"/> Inadequate or no hot water	
<input type="checkbox"/> A score below 70 on a routine inspection or scored re-inspection	
<input type="checkbox"/> Suspension of operating permit due to imminent health hazards	
<input type="checkbox"/> Other: _____	

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 either fax this form to 978-0322 *or* email it to **ECHU.Service@austintexas.gov** and then call 978-0300 to make payment.

FEES	
City of Austin and Contracted Municipalities	Travis County Jurisdiction
\$125 re-inspection fee for each re-inspection conducted.	No fees
\$120 additional fee for expedited or after-hours re-inspections.	

No refunds for any reason after 180 days from receipt of payment.

Fee payable to **Austin-Travis County Health and Human Services Department (ATCHHSD)**