



How Are We Doing?

Please circle your county of residence: Blaine Camas Cassia
Gooding Jerome Lincoln Minidoka Twin Falls

Date of last inspection: _____

**With 4 being best service,
please circle your answer below.**

- | | | | | | |
|--|---|---|---|---|----|
| 1. Did the Environmental Health Specialist (EHS) identify themselves and explain the purpose of the visit? | 1 | 2 | 3 | 4 | NA |
| 2. Did the EHS promote a high level of professionalism during the visit? | 1 | 2 | 3 | 4 | NA |
| 3. Were the noted violations and comments explained to your satisfaction? | 1 | 2 | 3 | 4 | NA |
| 4. Did the EHS assist you in finding solutions to those violations considered to be critical risk factors? | 1 | 2 | 3 | 4 | NA |
| 5. Was a fair and appropriate time frame given to correct the violations? | 1 | 2 | 3 | 4 | NA |
| 6. Overall, do you feel the inspection was focused on critical risk factors and conducted objectively? | 1 | 2 | 3 | 4 | NA |
| 7. Do you feel this inspection was useful in improving food safety and good retail practices? | 1 | 2 | 3 | 4 | NA |

Food Establishments Only

8. How many people are employed in your establishment? _____
9. Of these, how many have been certified in a food safety class? _____
10. Of those certified, how many are in management? _____

Comments: _____

SCPHD: 04/06

Please return this survey to:

SOUTH CENTRAL PUBLIC HEALTH DISTRICT
1020 WASHINGTON ST N
TWIN FALLS ID 83301-3156
CENTRAL OFFICE PHONE; 737-5900