



Operator Response to Inspection  
State Form 50047 (2-01)

\_\_\_\_\_ Health Department

Date \_\_\_\_\_

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The following is my response to the inspection report prepared by your agency's representative \_\_\_\_\_, on \_\_\_\_\_.

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Name Title  
\_\_\_\_\_  
Establishment  
\_\_\_\_\_  
Address  
\_\_\_\_\_

Attach additional sheets as needed.