



State of South Carolina
Department of Agriculture
Consumer Services
Food & Cosmetic Section

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Charles R. Sharpe, Commissioner

Name of individual to whom report issued	Date of Inspection	Time
To:		A.M. P.M.
Title of Individual_____	Type of Establishment_____	
Firm Name_____	Email Address_____	
Address_____	Web Site_____	
City, State, Zip Code_____	City, State, Zip Code_____	

During an inspection of your firm, the following was observed:

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Witness

Signature(s) Food and Cosmetic Inspector(s)