

STATEMENT OF OVERTIME INSPECTION

For inspection of meat and poultry products outside of approved hours of operation or on legal holidays.

ESTABLISHMENT NAME:

ESTABLISHMENT NUMBER:

FOR PERIOD FROM:

FOR PERIOD TO:

WEEK DAY		DATE	OVERTIME HOURS	AUTHORIZED SIGNATURE
FIRST WEEK	SUNDAY			
	MONDAY			
	TUESDAY			
	WEDNESDAY			
	THURSDAY			
	FRIDAY			
	SATURDAY			
SECOND WEEK	SUNDAY			
	MONDAY			
	TUESDAY			
	WEDNESDAY			
	THURSDAY			
	FRIDAY			
	SATURDAY			
THIRD WEEK	SUNDAY			
	MONDAY			
	TUESDAY			
	WEDNESDAY			
	THURSDAY			
	FRIDAY			
	SATURDAY			
FOURTH WEEK	SUNDAY			
	MONDAY			
	TUESDAY			
	WEDNESDAY			
	THURSDAY			
	FRIDAY			
	SATURDAY			
FIFTH WEEK	SUNDAY			
	MONDAY			
	TUESDAY			
	WEDNESDAY			
	THURSDAY			
	FRIDAY			
	SATURDAY			

INSPECTOR'S SIGNATURE: