



County of Santa Barbara Business Inspection Form



Inspection Date: _____ Routine Complaint Follow-Up

Inspector: _____

Business Name: _____ Phone: _____

Business Address: _____ Area: _____

Point of Contact: _____ Title: _____

Observations *(Describe areas and equipment inspected, note any problems, deficiencies, verbal commitments from facility representative. If a follow-up, identify if corrections complete or future needs):*

Receiving Stream: _____

Photos Taken: Yes No

Follow-up? Yes No Date: _____

Certificate? Yes No

Revised: June 2, 2009