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FSO / RFE Equipment Replacement Form

Please complete this form and return it by mail or email, thank you.

Business Name _____ Date _____

Business Address _____

City _____

Contact Person _____ Phone _____

Quantity	Type	Manufacturer	Model #	Serial #	Size	*Testing Agency
Ex: 1	Hot Holding Unit	Benton West	HH160V-13	1236857BW	12x12	SA

*Equipment must be approved by a recognized food equipment testing agency OAC 4717-1-4.1.
 If equipment is marked "For Household Use Only" it will not be approved.

These are acceptable markings that comply (they must be exactly the same).



Additional Information requested:

- * A manufacturer's spec sheet must accompany this form.
- * Equipment may not be used until approved by the Putnam County Health Department.
- * If layout of the facility has changed, please submit layout in addition to this form.

OFFICE USE ONLY			
Date Received:		Approved	Sanitarian: _____
		Disapproved	Date: _____