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“Working towards a healthy and safe Putnam County”

FSO / RFE Equipment Replacement/Addition Form

Please complete this form and return it by mail or email

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 commercial grade and be approved by a recognized food equipment testing agency in accordance with OAC 3717-1-4.1.

If equipment is marked “For Household Use Only” it will not be approved.

These are acceptable markings that comply.



**Equipment may not be used until approved by the Putnam County Health Department.
 A spec sheet may be provided, if available.**

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