



28 Executive Drive, Norwalk, OH 44857 | P: 419-668-1652 | environmental@huroncohealth.com | F: 567-244-3201

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 Number	Serial Number	Size	*Testing Agency
ex: 1	Hot Holding Unit	Benton West	HH160V-136	1236587BW	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 Required;

- A manufacturer's specification sheet **must** accompany this form.
- Equipment may not be used until approved by Huron County Public Health.

Office Use Only			
Date Received:	<input type="checkbox"/>	Approved	Sanitarian:
	<input type="checkbox"/>	Unapproved	Date:

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