

FOOD QUALITY REPORT <i>(For use of this form, see DeCAD 40-6; OPR is PL.)</i>		DATE	
<p><i>AUTHORITY: Title 10, USC sections 133 and 8012.</i> <i>PRINCIPAL PURPOSE: In an effort to provide the best service, this information is necessary to investigate inferior quality food purchased in the commissary.</i> <i>ROUTINE USE: To aid medical inspector in determining cause of discrepancy.</i> <i>DISCLOSURE IS VOLUNTARY: Refusal to provide name, address and phone will preclude customer from receiving results of investigation.</i></p>			
ITEM DESCRIPTION			
COMMISSARY WHERE PURCHASED		DATE CODE	DATE PURCHASED
BRAND NAME		SIZE	PURCHASE PRICE
<input type="checkbox"/> CHILLED <input type="checkbox"/> FROZEN <input type="checkbox"/> CANNED <input type="checkbox"/> BAG <input type="checkbox"/> BOTTLE <input type="checkbox"/> BOX			
REASON FOR DISCREPANCY REPORT			
REPLY REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes, complete customer information)</small>	CUSTOMER NAME	CUSTOMER ADDRESS	PHONE NUMBER
MEDICAL INSPECTOR'S FINDINGS			
INSPECTOR'S NAME AND SIGNATURE	DATE	CUSTOMER NOTIFIED BY <i>(Name)</i>	DATE

DeCA Form 40-45, Feb 1992

One copy retained by Commissary; One copy to Patron.