

**Level I Food Safety Inspection Officer (State, Local, Tribal)
Audit Results Summary Form**

Original to Candidate
Copies to Department’s Director and Candidate’s Supervisor

Candidate’s Name:

_____ Pass Fail

Candidate’s Work E-mail Address:

_____ Audit Number: 1. 2. 3.

Performance Auditor:
(printed name) _____ Signature: _____

Date of Decision: ___ / ___ / ___ Candidate’s Supervisor: _____

Specific Elements Failed:

Element #	Rationale
Continue on additional page if necessary	

Department’s Director’s verification that all training prerequisites were met and concurrence that the inspector has achieved Level I. Please attach a copy of the employee’s completed ORA U Training Curriculum (Bingo Card) which should be signed off by the employee’s immediate supervisor.

_____ Dept. Director’s name

_____ Signature and Date