



Rhode Island Department of Health
 Three Capitol Hill
 Providence, RI 02908-5094

www.health.ri.gov

Food Protection Food Label Approval Form

Please fill out completely and attach copy of label

Product and Company Information	
Product Name:	Company Name:
Owner:	Company Address:
Phone:	
Email:	
Mandatory Label Information	
Ingredients (list in descending order by weight) Use back for additional ingredients	Allergens (milk, wheat, eggs, soybeans, fish, crustacean shellfish, tree nuts, peanuts)
	Name and Physical Address of manufacturer or distributor as it will appear on the label. (email optional)
	Name:
	Address:
Net content: weight minus packaging (both US and metric needed): US equivalency _____	City: _____ State
Metric _____	Zipcode: _____
Other Information	
Storage Instructions (Keep Refrigerated, Refrigerate after opening):	Email Address:
Reduced Oxygen Packaging: Yes _____ No _____	Remarks (use back for additional information):
Material of container (plastic, glass, cardboard):	

Additional Ingredients:	Remarks continued:

Do not write below this line

Reviewer Comments:

Approved: _____ Yes _____ No (see reviewer comments for details)

Reviewed by: _____ Date: _____