

ENVIRONMENTAL HEALTH INSPECTION REQUEST

Michigan Department of Human Services

MOST LOCAL HEALTH DEPARTMENTS CHARGE AN INSPECTION FEE. YOU ARE ADVISED TO CONTACT THE LOCAL HEALTH DEPARTMENT TO DETERMINE THE AMOUNT OF THE FEE.
 IF YOU INTEND TO MAIL THIS FORM TO THE LOCAL HEALTH DEPARTMENT, PLEASE ENCLOSE THE REQUIRED FEE AND COMPLETE ITEMS 4, 13 - 25; ITEMS 1 - 3 AND 5-12 TO BE COMPLETED BY LICENSING WORKER/CONSULTANT.

6. Name and Address of Health Inspection Agency

1. License Number - PENDING
2. Expiration Date
3. Status of License
4. Proposed/Current Capacity <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 100+
5. Please return the completed inspection report by this date:

HEALTH DEPARTMENT TELEPHONE NUMBER

7. Water Supply and/or Sewage Disposal (Use OCAL-1788)

Foster Family Home (1-4 children)

Foster Family Group Home (5-6 children)

Family Child Care Home (1-6 children)

Group Child Care Home (7-12 children)

Child Care Center

9. Reason for Inspection

<input type="checkbox"/> New Application	<input type="checkbox"/> Relocation
<input type="checkbox"/> Reinspection	<input type="checkbox"/> Addition/Plan Review
<input type="checkbox"/> Renewal Inspection	<input type="checkbox"/> Proposed New Construction/ Plan Review
<input type="checkbox"/> Complaint (Specify in No. 24)	<input type="checkbox"/> Other (Specify in No. 24)

8. Water Supply and/or Sewage Disposal and General Sanitation and Safety (Use OCAL-1788 and OCAL-1789)

Child Caring Institution

Children's Camp

Child Care Center

Special Request (explain in No. 24)

10. Return Completed Inspection Report to (NAME OF AGENCY).
 Call 866-685-0006 for local office.

11. Name of Licensing Worker _____
 Telephone Number _____

12. Address of Licensing Worker/Consultant (Number, Street) _____
 City _____ Zip Code _____

13. Name of Facility

23. Directions to Facility From Nearest Major Intersection

14. Name of Administrator/Contact Person

15. Address of Facility (Number, Street)

16. City

17. Township

24. Comments

18. County

19. Zip Code

20. Facility Telephone Number

21. Alternate Telephone Number

22. Date of Last Environmental Health Inspection

25. To be completed by license applicant/licensee:
 I request the health authority to conduct an environmental health inspection that is in accordance with the Sanitarians' Field Manual for Environmental Health Inspections of Facilities Licensed by the State of Michigan Department of Human Services of the facility indicated in box 13 of this document.

Signed

Date

26. L.H.D. Use

Fee Amount \$ _____ Payment made by check (# _____), cash, other _____

Received by _____ Date _____

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: PA 116 of 1973
 COMPLETION: Voluntary
 NON-COMPLETION: No license will be issued