

Health Inspection Request Form

Facility Information

Type of Facility: _____

(i.e. Approved Home, Group Home, Child Care Centre, Seasonal Migrant Worker, etc.)

Name of Facility: _____

Address of Facility: _____

Contact Name: _____ Contact Number: _____

Ministry Information

Ministry Responsible: _____

Ministry Contact Name: _____ Ministry Contact Number: _____

Please mail or fax to with payment to:

Environmental Public Health Department
 Population and Public Health
 101-310 Idylwyld Drive North
 Saskatoon SK S7L 0Z2
 Fax: 655-4498

Request form can also be emailed to phioc@saskatoonhealthregion.ca.

Please provide the responsible Ministry with a copy of the completed Inspection Report

For Office Use Only		
Receipt #:	Received by:	Payment Date:
	Inspector:	Inspection Date:



Environmental Public Health

Payment information

The Health Inspection Request Fee is **\$125.00**. Please submit payment with your application:

Visa

Mastercard

Cheque enclosed # _____
(payable to the Saskatoon Health Region).

Credit Card # _____

Expiry Date: ___ / ___

Name of Cardholder (as shown on card)

Cardholder Signature

For Office Use Only		
Receipt #:	Received by:	Payment Date:
	Inspector:	Inspection Date: