

ENVIRONMENTAL HEALTH INSPECTION REQUEST

INSPECTION TYPE: FULL CAMP

Instructions:

A residential camp SITE must have an Environmental Health Inspection for original license issuance and yearly thereafter. A day camp SITE must have an Environmental Health Inspection for original license issuance if private water or sewer systems are in use or meals prepared onsite. Licensees must contact the local health department to determine fee for inspection, then complete this form, and submit to their local health department no later than May 1st each year. The licensee is responsible for any Environmental Health Inspection fees assigned.

LICENSEE AND CAMP INFORMATION

| | | | | |
|-------------------------------------|----------------------------|--|--------------------------------------|------------------------------|
| 1. SITE License Number | 2. License Expiration Date | 3. Camp Type | <input type="checkbox"/> Residential | <input type="checkbox"/> Day |
| 4. SITE Licensee Name | | | | |
| 5. Licensee Mailing Address | | | | |
| 6. City/State/Zip Code | | 7. Phone Number | 8. Fax Number | |
| 9. Representative Name | | 10. Representative E-Mail Address | | |
| 11. County Health Department | | 12. Previous Environmental Health Inspection Date: | | |
| 13. Name of Campsite for inspection | | | | |
| 14. Address of Campsite | | 15. Phone Number | 16. Fax Number | |
| 17. City | | 18. State MI | 19. Zip Code | |

LICENSEE REQUEST FOR INSPECTION

I request the health department conduct an environmental health inspection that is in accordance with children's and adult camp administrative rules section 400.301-319.

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|---------------------------------------|-----------|----------|
| 20. Representative Signature (box #9) | 21. Title | 22. Date |
|---------------------------------------|-----------|----------|

This Section Completed By:
HEALTH DEPARTMENT PERSONNEL
BCAL 1788-CC Inspection for location at (box #13)

Health Department Personnel: Please save completed BCAL 1788-CC file as PDF titled with the SITE license number (SR or SD) followed by "EHI" (for example: SR123456789 – EHI). Please send completed report (BCAL-1788-CC) electronically to: LARA-AFCCAMPSBCHS@MICHIGAN.GOV

FEE Amount \$ _____ Payment Type: _____ Cash or Check # _____

Received by: _____ Date: _____

AUTHORITY: PA 116 of 1973