

## Miscellaneous Care Facilities - Inspection Request Form

Facility Name: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Facility Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date Inspection Needed: \_\_\_\_\_

Extra Info: \_\_\_\_\_

### Inspection Type

- Kitchen (NSLP)
- Residential (overnight)
- Kitchen and Residential (NSLP and DHS)
- Day Treatment
- Consultation
- Other: \_\_\_\_\_

### Billing Information (if different than above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Paid fees are required.

For fee information visit our website: [www.mchealthinspect.org](http://www.mchealthinspect.org)  
or call: 503 988-3400.

Send to: Environmental Health Services  
847 NE 19th Ave, Suite 350  
Portland, OR 97232