

Miscellaneous Care Facilities - Inspection Request Form

Facility Name: _____

Location/Address: _____

Facility Contact: _____

Telephone: _____ Today's Date: _____

Email Address: _____

Date Inspection Needed: _____

Extra Info: _____

Inspection Type

- Residential Kitchen (NSLP)
- Residential Treatment Overnight (Treatment Center)
- Day Treatment/Alternative School
- Consultation
- Unknown
- Other: _____

Billing Information (if different than above)

Name: _____

Address: _____

Paid fees are required.

For fee information visit our website: www.mchealthinspect.org
or call: 503 988-3400.

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