

**State of Alaska**  
**Department of Health & Social Services**  
**Division of Public Health**  
**Certification & Licensing**

**Request for Sanitation Inspection by**  
**Department of Environmental Conservation**  
**Division of Environmental Health**  
**555 Cordova Street, Fifth Floor, Anchorage, AK 99501**  
**(907) 269-7631, FAX: (907) 269-7510**

**Request Date:** \_\_\_\_\_ **Requesting Individual:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Request Type:** New \_\_\_\_\_ **Renewal** \_\_\_\_\_ **Modification** \_\_\_\_\_ **Adult Care** \_\_\_\_\_

<b>Facility:</b> _____
<b>Location:</b> _____
<b>Mailing Add:</b> _____
<b>Hours:</b> _____
<b>Contact:</b> _____
<b>Phone:</b> _____
<b>Residents Ages:</b> _____
<b>Resident Capacity:</b> _____
<b>Costs:</b> <u>All costs associated with the Sanitation Inspection are the responsibility of the facility</u>

**Notes:** \_\_\_\_\_  
\_\_\_\_\_

<b>AGENCY ACTION</b>
_____ <b>Approved to operate (if corrections are required, specify and indicate time frame)</b> _____
_____ <b>Provisional approval until</b> _____ <b>. See attached for specific corrections:</b>
_____ <b>Disapproved to operate (If program is not in operation, specify corrections required; if in operation, indicate closure date)</b> _____

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSPECTOR:** \_\_\_\_\_ (Signature) \_\_\_\_\_ (Print Name)

**DEPARTMENT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_