



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

ELECTROLYSIS FACILITY

Florida
HEALTH

WWW.DOH.STATE.FL.US

ROUTINE [] CHANGE LOC [] NEW [] CURRENTLY NOT OPERATING [] CHANGE OWNER []

INSPECTION AUTHORITY - CHAPTER 478.51(8)(9), CHAPTER 456, F.S. and 64B8-51.006 F.A.C.

File # _____

Insp # _____

Form with multiple sections: NAME OF ESTABLISHMENT, PERMIT NUMBER, DATE OF INSPECTION, DOING BUSINESS AS, EXPIRATION DATE, STREET ADDRESS, TELEPHONE #, EXT., OWNER'S NAME, CITY, COUNTY, STATE/ZIP, PERSON EMPLOYED, LICENSE NUMBER, and a checklist of 37 items with SATISFACTORY YES/NO columns.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

PRINT NAME OF RECIPIENT _____

ID _____

Signature of Owner or Representative _____

Date _____

Investigator Signature _____