



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES



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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 fields: 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.

Table with 28 rows of inspection items and columns for Satisfactory, Yes, and No. Items include: Electrologist license active, Electrologist license visibly displayed, Electrolysis facility properly licensed, etc.

IF THIS IS AN ELECTROLYSIS TRAINING SCHOOL THE CONDITIONS ON INV FORM 412 B MUST ALSO BE SATISFIED
Remarks:

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.

PRINT NAME OF RECIPIENT

Signature of Owner or Representative Date Investigator Signature

ID Save