

**SANITATION INSPECTION CERTIFICATION**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEVELOPMENTAL DISABILITIES

SFN 1545 (3-2023)

Facility Name	Service Inspected		
Facility Address	City	State	ZIP Code
Date Inspected	Inspecting Agency		

On the date specified above I inspected the above facility for compliance with the applicable rules and regulations of the Inspecting Agency to meet the requirements of Section 75-04-01-22.2 of the North Dakota Administrative Code.

A typed signature is legally binding and equivalent to a handwritten signature.

Signature	Title	Date
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Upon correction of the following deficiencies with the indicated time, the above facility will be in satisfactory compliance with the applicable rules and regulations of the Inspecting Agency.

DEFICIENCY	COMPLETION DATE	AGENCY CONFIRMATION

A typed signature is legally binding and equivalent to a handwritten signature.

Signature	Title	Date
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