

Ref : CP 2020/2021/04-01
Enq. : Mr. P. Kashihakumwa



OFFICE OF ENVIRONMENTAL HEALTH

INSPECTION FOR REGISTRATION CERTIFICATE OF FITNESS

I/We hereby apply for a registration Certificate of fitness for a New Application/renewal/transfer/ of a business.

PERSONAL DETAILS

Owner's full name and surname	
Identification number	
Telephone number	
Cellphone number	
Box/bag	
Fax number	
E-mail address	

BUSINESS DETAILS

Trade name	
Nature of Business	
Products/services been deliver	
Erf & street name	
Allocation	

Are the following facilities available at your business?

Facilities	Yes	No
Water		
Building plan		
Operating single business		
Fire extinguisher (Compulsory)		
Flush toilets		
Electricity (adequate lights)		
Fly repellent		
Rodent proof		
condoms		
Emergence exit		
First Aid Kit (Compulsory)		

All official correspondences must be addressed to the Chief Executive Officer

Other information

Number of toilets	
Type of electricity	
Number of refuse bin	
Number of employees	
Number of rooms (changing, sleeping)	
Type of ventilation	

I hereby certify that the information I have provided are correct.

Signature: ----- Date: -----

For official use only.

Building Plan approved : Yes.....No.....

Application Received By:Date:

Date of Inspection :/...../.....

Certificate issued : Yes No.....

Inspection done by:

Comment: From Health.

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Comment: From Fire

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APPROVED	<input type="checkbox"/>	NOT APPROVED	<input type="checkbox"/>
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