



# Canadian Institute of Public Health Inspectors Board of Certification

## Form E

To be attached as the title page of each field report

### Documentation of Written Inspection Reports

\_\_\_\_\_  
Report Title (Please Print)

Number of pages including this page: \_\_\_\_\_

This is to certify that:

\_\_\_\_\_  
Name of Candidate (Please Print)

Prepared this report based on an onsite inspection conducted under the direct in-person supervision of a practicum coordinator or practicum mentor

\_\_\_\_\_  
Print Name and Title of Supervising PHI/EHO

\_\_\_\_\_  
Name of Approved Agency

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date