



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