

HEALTH CARE FACILITY RE-OPENING REQUEST

License Number: _____ Parish: _____

Facility Name: _____

Physical Address: _____

Mailing Address: _____

Contact Name: _____

Contact Telephone Number(s): _____

Please check one of the following statements below:

	This facility did not sustain damage and was able to continue operation.
	This facility did sustain damage and has been repaired.

Anticipated re-opening date: _____

Does your facility have utilities operating? Yes No

Please complete the following questions for the Office of Public Health:

Did your facility lose electric power for more than 48 hours as a result of Hurricane _____? Yes No If yes, it is your responsibility to destroy and properly dispose of any food or food items that may have been in storage for longer than 48 hours without proper refrigeration.

Did any flood water enter your facility as a result of Hurricane _____? Yes No If yes, it is your responsibility to destroy and properly dispose of any items that came into contact with flood waters.

Did your facility sustain any major structural damage as a result of Hurricane _____? Yes No

I certify that my facility has sufficient staff to meet client/staff ratio for all hours of operation; the facility has means to feed the clients; the facility is free of any hazards both inside and out; and that the information above is true and correct.

I do not anticipate re-opening, please close my facility effective: _____

Signature

Date

Fax form to the following number:

(225) 342-7552

Email: albert.mancuso@la.gov

If unable to fax form, please mail to:

DHH/OPH Sanitarian Services
ATTN: Al Mancuso
P. O. Box 4489 Bin #10 Box 17
Baton Rouge, LA 70821

Note: You may not re-open your facility without approval from DHH/Health Standards Section.