







Initial Report

Premise/facility under investigation (name and address)		
T () () ()		
Type of premise/facility		
Date Board of Health became aware of IPAC Lapse		
Date of Initial Report posting		
Date of Initial Report update(s) (if applicable)		
How the IPAC lapse was identified		
Summary Description of the IPAC Lapse		
IPAC Lapse Investigation		
Did the IPAC Lapse involve a member of a regulatory college?		
If yes, was the issue referred to the regulatory college?		
Were any corrective measures recommended and/or implemented?		
Please provide further details/steps		
Date any order(s) or directive(s) were issued to the owners/operators (if applicable) (yyyy/mm/dd)		
Initial Report Comments and Contact Information		
Any additional comments (Do not include any personal information or personal health information)		
If you have any further questions please contact:		
Name		
Title		
Email address		
Phone number		

Final Report

-		
Date of Final Report posting		
Date of any order(s) or directive(s)		
were issued to the owner/operator (if applicable)		
,		
Brief description of corrective		
measures taken		
Date all corrective measures were		
confirmed to have been completed		
F: 1D 10		
Final Report Comments and Contact Information		
Any additional comments (Do not		
include any personal information or		
personal health information)		

If you have any further questions please contact:

in you have any further questions please contact.	
Name	
Title	
Email address	
Phone number	

