



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

Inspection Request Form:

Date:	Day	Month	20	Email to:	Nonhlanhla.ndlovu2@kznhealth.gov.za
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Inspection type: (Mark X)	Pre-Commissioning		Commissioning		Annual Re-inspection	
Description:						
Name of Contractor				Contact Number		
Name of Facility			Name of facility Manager			
Contact number:			Proposed Date of Inspection			
Physical address						

APPLICABLE INSPECTION FEES:

<i>Pre- & Commissioning Inspections</i> R120.00 per medical or surgical bed R600.00 per major theatre R600.00 per ICU bed R400.00 per Minor theatre, Endoscopy suite, Cardiac Cath lab, Delivery room, etc. R400 per unit: e.g. Radio-diagnostic, Oncology, Renal. R2000 per CTOP and birthing clinic	<i>Annual Re-licensing fee and renewal of approvals</i> R2000 handling fee per CTOP clinic and birthing R100.00 per medical or surgical bed R150 ICU bed R600.00 per major theatre R600.00 per ICU R400.00 per minor theatre, endoscopy suite, cardiac cath lab, delivery room, etc. R1000 per unit: e.g. Radio-diagnostic, Oncology, Renal.
For account and reference number enquiries, please call (033) 940 2488 or e-mail: PrivateLicensing.Admin@kznhealth.gov.za	

I hereby certify that the above application is complete, and correct to the best of my knowledge and that applicable fees have been paid (**attach proof of payment**). The undersigned applicant certifies that the project described herein is built per plans and specifications approved by HIAC.

CANCELLATIONS

Notice of cancellations/rescheduling must be made 48 hours in advance or re-inspection fees will be charged.

Print Name

Date

Signature