



**LEECH LAKE BAND OF OJIBWE**  
*REGULATORY DIVISION - HEALTH AND SAFETY*

**Requesting Health and Safety Assistance:**

Please commence an **INSPECTION** and/or **INVESTIGATION** regarding:

(CIRCLE ONE)

(Give brief description pertaining to assistance needed)

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Date and time: \_\_\_\_\_ / \_\_\_\_\_ Location/Address: \_\_\_\_\_

Contact Person(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title of requester Date

**Please submit all requests to: [healthandsafety@leechlakegaming.com](mailto:healthandsafety@leechlakegaming.com)**

Results will be generated into a report & copy sent to requesting party.

**\*\* Health and Safety Use Only \*\***

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_