



**Grow House Report Cover Sheet**  
*Please submit with the Report*

**Registered Property Owner**

Name

Mailing Address:

Street

City

Postal Code

Daytime Telephone:

**Address** the report pertains to:

Street

City

*To be completed by the Reporting Agency:*

**Company / Agency Submitting the attached Report**

Name

**Declaration**

I, \_\_\_\_\_, \_\_\_\_\_, (*full name and title/designation.*), do solemnly declare that all criteria as set forth in the ESA requirements document have been met and do further declare that, to the best of my knowledge and belief after having made the necessary inquiries, tests and/or inspections, the premises is free of biological and chemical hazards and is fit for occupancy.

Name (please print)

Title

Phone

Email

Signature

Professional Designation

C.I.H.

R.O.H.

P.Eng with Masters in OH

**\*\*Must be one of these three designations**

Submit, with Report, to the Electrical Safety Authority

Fax 1-905-712-7845

E-mail [hygiene.reports@electricalsafety.on.ca](mailto:hygiene.reports@electricalsafety.on.ca)

Mailing Address 155A Matheson Blvd West, Suite 202, Mississauga, Ontario L5R 3L5

***ESA Reserves the right to decline reports that do not meet all the criteria requirements or any reports that exceed 6 months since testing and completion.***