

ANSM  
DI - INSMP (234)  
143/147, bd Anatole France  
93285 Saint-Denis cedex  
France

## Form for receipt of the fee following the performance of a requested inspection

**Articles L.5321-3 and D.5321-7 of the Public Health Code stipulate the payment of a fee to be received by the government, to benefit the Employees National Health Plan (Caisse nationale de l'assurance maladie des travailleurs salariés) whenever the ANSM conducts an inspection at the express request of an establishment engaged in the activities mentioned in Article L.5138-4 of said code ([www.legifrance.gouv.fr](http://www.legifrance.gouv.fr)). The amount of the fee is determined based on the above-mentioned articles. Signature of the present document signifies acceptance of payment of the fee, which will be paid to the Public Treasury upon receipt of the respective invoice.**

**Article D.5321-7 of the French Public Health Code, Decree n°2012-1016 of September 3rd, 2012 – Art. 1  
(for information purpose only) :**

**[...] 2. Pursuant to Point 2 of Section I:**

**"For the performance of an inspection expressly requested by an establishment carrying out the activities mentioned in Article L.5138-4 in order to verify observance of the best practices mentioned on Article L.5138-3, and to issue, as appropriate, the certificate confirming such observance, the amount of the fee is comprised of a fixed portion of 1,000 euros and a variable portion calculated based on each day of inspection started at the site and limited to 9,000 euros, according to the following scale:**

**"- If the establishment inspected is located in a country that is a member of the European Community or in a country that is a party to the European Economic Area Treaty: €300 per day;**

**"- If the establishment inspected is located in any other country: €3,000 per day. [...]"**

Name of the establishment inspected

Complete address of the establishment  
inspected (including the country)

Establishment located in the EEC or part of  
the treaty on the European economic area

☐ Yes ☐ No

Address for invoicing (if different)

Name of the contact at the establishment  
inspected  
Function  
Telephone  
Fax  
E-mail address

Start date and time of the inspection  
End date and time of the inspection

Number of days to be invoiced  
Inspection fee

Name and signature of the inspector in  
charge, certifying the dates and start/end  
times of the inspection  
[Place], [date]

Name and Signature of the entitled person  
  
(Stamp of the establishment)