

Ohio Department of Health

School Information

School Environmental Health and Safety Inspection

For the purpose of receiving copies of the inspection report, the administrator of each school building shall provide to the sanitarian, at or before the time of inspection, a list of contact names and addresses for the following:

Name of school	School district
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Principal Chief administrator Governing authority

Name	E-mail
Address	Phone

Administrator responsible for facility operations and maintenance

Name	E-mail
Address	Phone

Superintendent

Name	E-mail
Address	Phone

Board of education (Secretary)

Name	E-mail
Address	Phone

How would you like to receive quarterly transmittals of dangerous products or conditions? (Please check only one option)

<input type="checkbox"/> Electronic mail	E-mail address
<input type="checkbox"/> Facsimile	Fax number
<input type="checkbox"/> US Post	Name
	Address

Items sanitarian will need as they inspect your school

- | | | |
|--|--|--|
| <input type="checkbox"/> Floor plan of school
<input type="checkbox"/> Evidence of annual inspection of bleachers, grandstands and folding or telescopic seating
<input type="checkbox"/> MSDS files in office and at location of use
<input type="checkbox"/> Evidence of annual inspection of fume hoods and local exhaust systems
<input type="checkbox"/> Chemical inventory lists in chemical storage areas | <input type="checkbox"/> Documentation of monthly inspections of emergency showers and eyewash stations
<input type="checkbox"/> Diagram showing location of acid neutralization tank and evidence of annual inspection
<input type="checkbox"/> Roof inspection form(s)
<input type="checkbox"/> Roof diagram
<input type="checkbox"/> Completed transmittal forms for dangerous or recalled products
<input type="checkbox"/> Other documents requested by sanitarian | <input type="checkbox"/> Policies/Procedures
Bus/Vehicle idling
Radon
Asbestos management
Safety/Crisis management
Blood-borne pathogens
Medication storage
Comprehensive safety plan
Chemical hygiene plan
Hand washing
Integrated pest management
Water line flushing |
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Note: Please return this form to your local health district. Health districts may notify you of date and time of inspection if they would like to have a staff person to accompany them during inspection.