

Ohio Department of Health School Environmental Health and Safety Inspection

School				Date of inspection					
Address				Type of inspection <input type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up					
City		ZIP		School classification <input type="checkbox"/> Public <input type="checkbox"/> Nonpublic					
County		Phone		Type of school (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Middle <input type="checkbox"/> Career Center <input type="checkbox"/> Kindergarten <input type="checkbox"/> Intermediate <input type="checkbox"/> High <input type="checkbox"/> Elementary <input type="checkbox"/> Other _____					
Principal or Chief Building Administrator									
Grades of instruction		Regular hours of school operation		HVAC system (Check all that apply)		Heating		Cooling	
				Central Forced Air Systems		<input type="checkbox"/>		<input type="checkbox"/>	
				Unit Ventilators		<input type="checkbox"/>		<input type="checkbox"/>	
				Steam/Hot Water Radiators		<input type="checkbox"/>		n/a	
				Electric Heating Units		<input type="checkbox"/>		n/a	
				Geothermal		<input type="checkbox"/>		<input type="checkbox"/>	
				Other _____		<input type="checkbox"/>		<input type="checkbox"/>	
Enrollment	Classrooms	Year constructed	Year(s) renovated						
School district									

Indicate areas of deficiency by marking appropriate box (OAC 3701-54-)

- | | | |
|--------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> 06-A1 Grounds and building exterior | <input type="checkbox"/> 08-C Industrial arts classrooms | <input type="checkbox"/> 09-E Training or weight lifting rooms |
| <input type="checkbox"/> 06-A2 Playgrounds | <input type="checkbox"/> 08-D Stage and set design areas | <input type="checkbox"/> 09-F Restrooms |
| <input type="checkbox"/> 06-A3 Solid waste disposal areas | <input type="checkbox"/> 08-E Music room(s) | <input type="checkbox"/> 09-G Custodial closets |
| <input type="checkbox"/> 06-A4 Outdoor athletic facilities | <input type="checkbox"/> 08-F Family and consumer science | <input type="checkbox"/> 09-H Mechanical rooms |
| <input type="checkbox"/> 07-A All school indoor environments | <input type="checkbox"/> 09-A Auditoriums and student dining | <input type="checkbox"/> 09-I Attics/Mezzanines/Crawls |
| <input type="checkbox"/> 07-B Hallways and stairwells | <input type="checkbox"/> 09-B Library/Media center | <input type="checkbox"/> 09-J Water/Wastewater system |
| <input type="checkbox"/> 08-A Science classrooms | <input type="checkbox"/> 09-C Indoor athletic facilities | <input type="checkbox"/> 09-K Health care areas |
| <input type="checkbox"/> 08-B Visual arts classrooms | <input type="checkbox"/> 09-D Locker rooms | <input type="checkbox"/> 09-L/M Admin Areas/Rules and protocols |

Rule number	Observations and recommendations for change, if adverse condition exists	Location

Inspected by		Health district		Name of school staff accompanying inspector	
Signature		Date	RS/SIT number	Phone	
Received by		Date	Title	Phone	

