

Ohio Department of Health
School Information Form
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			
	Name	Address	Email
<input type="checkbox"/> Principal <input type="checkbox"/> Chief Administrator <input type="checkbox"/> Governing Authority			
			Phone
	Name	Address	Email
Administrator Responsible for Facility Operations and Maintenance			
			Phone
	Name	Address	Email
Superintendent			
			Phone
	Name	Address	Email
Board of Education (Secretary)			
			Phone

How would you like to receive quarterly transmittals of dangerous products or conditions?

- Electronic Mail - Email Address _____
- Facsimile – Fax number _____
- US Post – Name and Address _____

Items sanitarian will need as they inspect your school:

- | | |
|--|---|
| <ul style="list-style-type: none"> <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"/> Other Documents Requested by Sanitarian | <ul style="list-style-type: none"> <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"/> 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 |
|--|---|

Note: Health district may notify you of date and time of inspection if they would like to have a staff person to accompany them during inspection