**Ohio Department of Health**

# School Environmental Health & Safety Inspection Form

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| School | Date of Inspection |
| Address | Type of Inspection<br>☐ Routine ☐ Complaint ☐ Consultation ☐ Follow-up |
| City / Zip | School Classification<br>☐ Public ☐ Nonpublic |
| County / Phone | Type of School (Check all that apply)<br>☐ Preschool ☐ Intermediate<br>☐ Kindergarten ☐ High<br>☐ Elementary ☐ Career Center<br>☐ Middle ☐ Other_____ |
| Principal or Chief Building Administrator | |
| Grades of Instruction / Regular Hours of School Operation | HVAC System (Check all that apply) — HEATING / COOLING |
| Enrollment / Classrooms / Year Constructed / Year(s) Renovated | Central Forced Air Systems ☐ ☐<br>Unit Ventilators ☐ ☐<br>Steam/Hot Water Radiators ☐ n/a<br>Electric Heating Units ☐ n/a<br>Geothermal ☐ ☐<br>Other _____ ☐ ☐ |
| School District | |

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

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|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | 06-A1 | Grounds & Building Exterior | ☐ | 08-A | Science Classrooms | ☐ | 09-A | Auditoriums & Student Dining | ☐ | 09-G | Custodial Closets |
| ☐ | 06-A2 | Playgrounds | ☐ | 08-B | Visual Arts Classrooms | ☐ | 09-B | Library/Media Center | ☐ | 09-H | Mechanical Rooms |
| ☐ | 06-A3 | Solid Waste Disposal Areas | ☐ | 08-C | Industrial Arts Classrooms | ☐ | 09-C | Indoor Athletic Facilities | ☐ | 09-I | Attics/Mezzanines/Crawls |
| ☐ | 06-A4 | Outdoor Athletic Facilities | ☐ | 08-D | Stage & Set Design Areas | ☐ | 09-D | Locker Rooms | ☐ | 09-J | Water/Wastewater Sys. |
| ☐ | 07-A | All School Indoor Environments | ☐ | 08-E | Music Room(s) | ☐ | 09-E | Training or Weight Lifting Rooms | ☐ | 09-K | Healthcare Areas |
| ☐ | 07-B | Hallways & Stairwells | ☐ | 08-F | Family & Consumer Science | ☐ | 09-F | Restrooms | ☐ | 09-L /M | Admin Areas/Rules&Protocols |

| Rule No. | Observations and recommendations for change, if adverse condition exists | Location |
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| Inspected by | Health District | Name of School Staff Accompanying Inspector | |
| Signature / Date | | RS/SIT No. | Phone |
| Received by / Date | | Title | Phone |

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