SCHOOL: _____ DATE OF INSPECTION:_____

WRITTEN ABATEMENT PLAN IN RESPONSE TO ENVIRONMENTAL HEALTH AND SAFETY INSPECTION FORM AS REQUIRED BY OHIO ADMINISTRATIVE CODE PARAGRAPH (B) (1) OF SECTION 3701-54-05

RULE NO.	RESPONSE	ANTICIPATED DATE OF COMPLETION

Please submit completed form to:
Clark County Combined Health District
529 E. Home Road
Springfield, OH 45503
Phone: (937) 390-5600
Fax: (937) 390-5625
Or Send Electronically to: cculp@ccchd.com