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**HEALTH ENVIRONMENT CERTIFICATE OF INSPECTION**

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**Approval Period:** \_\_\_\_\_  
*Specify year*

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*(Name of Institution)*

Located at \_\_\_\_\_

In the town (city) of \_\_\_\_\_

1. Maximum number of students regularly in the building at one time \_\_\_\_\_.
  
2. Based on an inspection of the following areas: lighting, food service, housekeeping, insect/rodent control, water supply, temperature, sewage disposal, lavatories/toilets, showers, drinking fountains, and solid waste disposal, my signature below certifies that the above named plant has been examined and warrants the following rating:
  - a. Satisfactory \_\_\_\_\_
  - b. Provisional \_\_\_\_\_
  - c. Unsatisfactory \_\_\_\_\_

The following corrections must be made before a satisfactory rating can be given by the Health Department:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages if needed.)*

3. Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Date of Inspection (xx/xx/xxxx)*

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*Location of Reporting Health Department Field Office*

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*Name of Inspector*

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*Health Department Official's Signature*