HEALTH ENVIRONMENT CERTIFICATE OF INSPECTION

Approval Period: ____________________________

Specify year

(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

   __________________________________________
   __________________________________________

Date of Inspection (xx/xx/xxxx) Location of Reporting Health Department Field Office

Name of Inspector Health Department Official’s Signature