

**REPORT OF ENVIRONMENTAL SANITATION INSPECTION**  
Requested by VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
As authorized by Title 63.2, Code of Virginia

NAME OF FACILITY: \_\_\_\_\_ LICENSED CAPACITY: \_\_\_\_\_

NAME OF OPERATOR: \_\_\_\_\_ LOCATION ADDRESS: \_\_\_\_\_

**TYPE OF FACILITY** (Choose one)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Assisted Living Facility            | <input type="checkbox"/> Children's Residential Facility               | <input type="checkbox"/> Independent Foster Home |
| <input type="checkbox"/> Family Day Home                     | <input type="checkbox"/> Licensed Child Day Center                     | <input type="checkbox"/> Adult Day Care Center   |
| <input type="checkbox"/> Religiously Exempt Child Day Center | <input type="checkbox"/> Certified Preschool or Nursery School Program |  |

**SECTION A: GENERAL SANITATION**

1. Approved by the health department:  Yes  No

2. If No, describe general observations: \_\_\_\_\_  
Date to be corrected: \_\_\_\_\_

**SECTION B: WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS**

1. **Water Supply:**  Public  Non-public  
A. Owned by \_\_\_\_\_  
B. If public, operated by one or more municipalities  Yes  No  N/A  
C. Approved by health department:  Yes  No  
D. Date of most recent non-public water sample \_\_\_\_\_  
E. Comments/description of violations: \_\_\_\_\_  
Date to be corrected: \_\_\_\_\_

2. **Sewage Disposal System:**  Public  Non-public  
A. Owned by \_\_\_\_\_  
B. If public, operated by one or more municipalities  Yes  No  
C. Approved by health department:  Yes  No  
D. Comments/description of violations: \_\_\_\_\_  
Date to be corrected: \_\_\_\_\_

**SECTION C: FOOD SERVICE OPERATIONS: (Attach copy of Health Department Inspection Form)**

1. Food service operations are in compliance with *The Commonwealth of Virginia Board of Health Food Regulations*:  
 Yes  No  N/A

2. Comments/Description of violations: \_\_\_\_\_  
Date to be corrected: \_\_\_\_\_

**SECTION D: SWIMMING POOLS:**

(Applicable to: children's residential facilities annually; local ordinance may dictate inspections at other types of facilities listed in section A of this form. Check appropriate category below and complete rest of this section as applicable to the type of facility being inspected. Attach a copy of the health department's inspection form if applicable.)

1.  Local ordinance does not require inspection of pools.  This facility does not have a pool on site.  Inspection conducted today.  
2. Date last inspection: \_\_\_\_\_ Completed by: health department  state  local or  private swimming pool business  
3. Specify name of private business: \_\_\_\_\_  
4. Comments/Description of violations: \_\_\_\_\_  
Date to be corrected: \_\_\_\_\_

**SUMMARY AND RECOMMENDATIONS:**

1. Additional health hazards observed?  No  Yes If yes specify the hazard observed and the date by which the facility is to have the corrections completed: \_\_\_\_\_

2. Do you plan to conduct a follow-up inspection to verify correction of the above violation(s)?  No  Yes, specify date: \_\_\_\_\_

\_\_\_\_\_  
(County/City) (Telephone Number) (Signature of Health Director or Designee) (Date of Inspection)