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: _____________________________________________

□ Assisted Living Facility □ Children’s Residential Facility □ Independent Foster Home
□ Family Day Home □ Licensed Child Day Center □ Adult Day Care Center
□ Religiously Exempt Child Day Center □ 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)

ORIGINAL TO FACILITY: COPIES TO DSS LICENSING AND THE INSPECTING AUTHORITY
032-05-0159-09-eng (05/09)