

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

Facilities are encouraged to request environmental inspections at least 30 days prior to the due date for the annual inspection to allow sufficient time for processing.

NAME OF FACILITY: _____ **LICENSED CAPACITY:** _____

NAME OF OPERATOR: _____ **LOCATION ADDRESS:** _____

TYPE OF FACILITY (Choose one)

- Assisted Living Facility Adult Day Center Children's Residential Facility Child-Caring Institution Independent Foster Home

SECTION A: GENERAL SANITATION:

Observed by the health department? Yes No

General Observations: _____

SECTION B: WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS:

Water Supply: Public Private Owned by: _____

If non-public (private) approved? Yes No

Comments/description of observations: _____

Sewage Disposal System: Public Private Owned by: _____

If non-public (private) approved? Yes No

If non-public (private), noted limitations on sewage design: _____

Comments/description of observations: _____

SECTION C: FOOD SERVICE OPERATIONS:

Food service operations are currently permitted in accordance with The Commonwealth of Virginia Board of Health Food Regulations:

- Yes No N/A

SECTION D: SWIMMING POOLS:

(Facilities may be subject to swimming pool inspections based on facility type, service, or local ordinance. Please check the appropriate category below and complete the remainder of this section as applicable to the facility being inspected. Attach a copy of the health department's inspection report, if required.)

(Check all that apply):

- Local ordinance does not require inspection of pools
 This facility does not have a pool on site
 Inspection conducted today

Inspections completed by:

- Health department
 Private swimming pool business

Inspection Details (if applicable): _____

SUMMARY AND RECOMMENDATIONS:

Alleged or potential health hazards observed? Yes No

Specify the alleged/potential health hazard(s) observed. List correction actions recommended and dated to be corrected (if applicable):

Follow-up inspection required: Yes No If yes, specify date: Yes No _____

County/City

Telephone Number

Signature of Health Director or Designee

Date of Inspection