

# DOEHRS-IH EHM: PUBLIC FACILITY SANITATION REPORT

<b>1. FACILITY NAME:</b>	<b>2. FACILITY ADDRESS:</b>	<b>3. INSTALLATION:</b>	<b>4. START DATE (YYYYMMDD)</b>	<b>TIME: HH:MM</b>
			<b>5. END DATE (YYYYMMDD)</b>	<b>TIME: HH:MM</b>

<b>6. INSPECTOR (Surveyor)</b>	a. Name (Last, First, M.) and Rank:	b. Phone:	c. Email:	d. Unit/Organization:
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<b>7. PERSON IN CHARGE (PIC):</b>	a. Name (Last, First, M.):	b. Phone:	c. Email:
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<b>8. CONTRACTOR OPERATED (select one)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>How to complete this form:</b>		
This space left Blank			+Select one (1) Facility Type in box 9. +Check all the applicable inspections to be performed for the Facility Type in box 10. +Complete the Sections of this Sanitation Report that pertain to the items marked in box 10.		

<b>9. TYPE OF FACILITY (select one)</b>	<input type="checkbox"/> Campground/Picnic Area	<input type="checkbox"/> Park/Playground	<input type="checkbox"/> Shower/Locker Room
	<input type="checkbox"/> Classroom/Conference Room	<input type="checkbox"/> Rest Room/Toilet Facility	<input type="checkbox"/> Theater
	<input type="checkbox"/> Other (specify):		

<b>10. REQUIRED SURVEY INSPECTIONS: (select all that apply)</b>	<input type="checkbox"/> Administrative Spaces	<input type="checkbox"/> Insect And Rodent Control	<input type="checkbox"/> Restroom/Toilet Facilities
	<input type="checkbox"/> Campground/Picnic Area	<input type="checkbox"/> Outdoor Recreation and Equipment	<input type="checkbox"/> Showers/Locker Rooms

<b>11. INSPECTION TYPE (select one)</b>	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Pre-Opening	<input type="checkbox"/> Other (specify):
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Item	Sanitary Requirements	Yes	No	N/A	Item	Facility Maintenance (continued)	Yes	No	N/A
1	Adequate potable water for drinking, cooking and lavatory purposes?				24	Spaces with people, machinery, or equipment have enough light to evaluate cleanliness?			
2	No evidence of cross connections with the potable water system?				25	Required supplies and housekeeping equipment are provided?			
3	Hose bibbs at janitor's sink have backflow prevention device?				26	Cleaning compounds and hazardous substances are properly labeled and stored in an enclosed section?			
4	Drinking fountains have safe and sanitary designs?				<b>Item</b>	<b>Administrative Spaces (complete only if checked in box 10)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
5	Bubbler drinking fountains and shared drinking cups prohibited?				27	Administrative spaces clean with adequate lighting, heating, cooling and ventilation?			
6	Drinking water containers sanitized and protected from contamination?				28	Noise levels do not interfere with verbal communication?			
7	If used, water transferred from a "hauling" tank in a sanitary manner?				29	Adequate net floor area provided for building occupants?			
8	Sanitary container for clean single-use cups and garbage bin for used cups?				30	Adequate plumbing fixtures provided to meet the minimum ratio requirements?			
9	Ice made from potable water and stored in a sanitary condition?				31	Administrative Spaces are clean with no evidence of insects and rodents?			
10	Waste water adequately treated and discharged appropriately?				32	Floors cleaned daily and in good repair. Carpets and rugs cleaned as needed and in good repair?			
11	Existing sewage systems maintained/repared properly?				33	Trash receptacles emptied daily and cleaned periodically?			
12	Garbage and solid waste collected, stored and disposed of in a manner that prevents spread of disease, fire hazard, breeding of rodents or other pests, public nuisance?				34	Mops, brooms, brushes, and other cleaning gear thoroughly cleaned and properly stored after each use?			
13	Suitable waste cans provided in the right numbers, sizes, and locations and emptied frequently?				35	Administrative areas cleaned according to a specified cleaning schedule?			
14	Storage areas are clean and sanitary?				36	Cooking not permitted in administrative areas, except for designated lounges inspected and approved by medical authority?			
15	Garbage and solid waste disposed of in a sanitary landfill, an approved incinerator, or other approved methods?				<b>Item</b>	<b>Campgrounds and Picnic Areas (complete only if checked in box 10)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
16	Eating and drinking in public facilities restricted to specified areas?				37	Campgrounds have sanitary dumping station or individual hookups at each camp site?			
17	Food or beverages are not prepared, handled, or stored in restrooms or areas exposed to hazardous materials?				38	Campgrounds and Picnic Areas inspected as required?			
<b>Item</b>	<b>Facility Maintenance</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	39	Located in such a manner to protect areas needed for water-shed, range, and other basic resources			
18	Grounds inside and outside of facility are clean, in good condition, and free of insects, rodents, and trash?				40	Sites have well drained, gently sloping area?			
19	Walking routes are adequately lit and free of safety hazards to pedestrians?				41	Sites free of rock outcrops and heavy undergrowth?			
20	Vestibules and janitor's closet floor/floor covering use smooth durable materials, are washable and moisture and corrosion-resistant?				42	Weeds regularly cut to prevent coarse stubble from developing and to reduce insect, snake, and small animal hazards?			
21	Cove bases are tightly sealed with no openings on the surface for pests?				43	Poisonous plants (e.g. poison ivy, poison sumac, etc.) are not present?			
22	Pipes, ducts, structural element joints, and conduits are tightly sealed to prevent pests from entering?				44	Water safety measures taken into consideration if located near a body of water?			
23	Heating, ventilation, air conditioning, and air changing systems are properly maintained, serviced at regular intervals, provide necessary ventilation?				45	Provide adequate supply of safe drinking water?			

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Item	Campgrounds and Picnic Areas (continued) (complete only if checked in box 10)	Yes	No	N/A	Item	Outdoor Recreation and Equipment (complete only if checked in box 10)	Yes	No	N/A	
46	Water hydrant stations with non-threaded, self-closing faucets provided within 150 feet of campsite and individual picnic sites?				79	Recreational areas free of litter and garbage?				
47	Area around water hydrants must be properly drained to prevent standing water?				80	No evidence of insects or rodents?				
48	When water system is not possible, a potable water source is provided at a central pickup station?				81	Insect and rodent control enforced?				
49	Non-potable water systems adequately identified to prevent consumption?				82	Sewage from recreational areas empties into an approved sewage disposal system?				
50	Danger warnings alert campers to not use a stream, lake, or spring as a source of drinking water?				83	Potable water empties into sewage system, soakage pit, or other approved disposal system?				
51	Adequate potable water and sewage facilities provided for temporary facilities such as pop-up trailers and recreational vehicles?				84	Adequate metal or durable plastic garbage cans supplied and emptied often to prevent overflowing?				
52	Durable, waterproof and rodent proof containers provided for refuse disposal?				85	Good drainage in stables and corrals to prevent pooling of surface water, objectionable odors, or breeding areas for flies/mosquitoes?				
53	Refuse containers located within 150 feet of campsite and near access roads to ease refuse collection?				86	Manure removed daily from stable stalls?				
54	Containers sufficiently stable and resist being overturned or opened by domestic and wild animals?				<b>Item</b>	<b>Restroom/Toilet Facilities (complete only if checked in box 10)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
55	Containers have fly-tight covers and are maintained in a clean and odor free condition at all times?				87	Rest rooms equipped with tight fitting and self-closing doors or other approved entrances?				
56	Containers are easy to empty and clean?				88	Doors are closed except during cleaning and maintenance. Entryways are clean and in good repair?				
57	Trash and garbage is removed daily (at a minimum) prior to night-fall?				89	Separate rest rooms for men and women as required?				
58	Ashes removed from barbecues?				90	Single rest room has solid door that locks from the inside?				
59	Grills cleaned frequently with a coarse bristle wire brush?				91	Rest rooms equipped with conveniently located hand washing sinks, soap and running water, and single-use towel dispensers or air-dryers. Common-use towels prohibited; liquid or powdered soap preferred?				
60	Comfort stations provide flush toilets, lavatories, or other facilities for public use?				92	Floors constructed of water-tight, easy-to-clean materials?				
61	In areas where water under pressure is available, modern comfort stations are located within 300 feet of any campsite and within 500 feet of individual picnic sites?				93	Bathrooms and toilet fixtures cleaned and disinfected using an appropriate strength sanitizer?				
62	Chemical toilets used in remote areas for sewage disposal?				94	Rest rooms have adequate ventilation and properly screened windows in good repair?				
63	Frequent cleaning and maintenance to avoid objectionable odors and nuisances in comfort facilities?				95	Rest rooms equipped with garbage cans. Women's rest rooms have covered containers for sanitary napkins?				
64	Interior finishes of permanent comfort stations have moisture resistant materials to withstand frequent washing and cleaning?				96	Receptacles emptied often to prevent overflow?				
65	Floors, walls, partitions, and interior surfaces impervious to water and easily cleanable?				97	If portable toilets or disposal systems used then hand washing or waterless hand cleaners and disposable towels provided?				
66	Comfort stations well lighted, adequately ventilated, and properly protected from the weather?				98	Garbage cans provided if portable handwashing stations used?				
67	All exterior openings covered with 16-inch mesh screen?				<b>Item</b>	<b>Showers and Locker Rooms (complete only if checked in box 10)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
68	Doors are self-closing and open outward?				<b>Showers have--</b>	99	Fixtures that blend hot and cold water?			
69	Male and female facilities grouped under one roof have a suitably remote entrance for each section?					100	Water temperature does not exceed 110 degrees F?			
70	Male and female facilities have approaches and entrances clearly marked and illuminated?					101	Separate shower enclosures and dressing areas for each sex?			
71	A partition completely separates the male and female facilities?					102	Nonslip floors, sloped to drain?			
72	Adequate plumbing fixtures provided?					103	Floors and walls free of mold and mildew?			
73	Soap (solid, liquid, or powder), paper towels or air-dryers, and trash containers provided?					104	An enclosed, dry dressing area near the showers?			
74	No evidence of insect or rodent infestation?					<b>Dressing &amp; Locker rooms have--</b>	105	Daily cleaning - floors and benches are disinfected at least once a week using an appropriate strength solution?		
75	Facility managers correct conditions allowing insects, rodents or other pests and implement appropriate procedures for structural management/repair, pest exclusion, outside grounds maintenance, general sanitation, and pest control?				106		Adequate ventilation and lighting?			
76	All outside doors, windows, and other openings have good condition screens with at least 16 meshes per inch to keep insects and other pests out?				107		Ventilated clothing lockers?			
77	When air curtains are not used, screen doors are required, open outward, and have self-closing devices?				108		Nonskid, easy-to-clean, and durable floor coverings -- floor coverings that promote bacterial growth not used?			
78	Pesticides used in public facilities applied by or under direct supervision of certified pest management personnel?				This space left Blank					

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Facility

Start Date

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**12. OVERALL REMARKS** (describe individual Item deficiencies here)**13. INSPECTION RATING:**

Satisfactory

Unsatisfactory

**14. FOLLOW-UP REQUIRED:**

Yes

No

**15. FOLLOW UP DATE NLT (YYYYMMDD)****16. SIGNATURE:** *Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and date scheduled for follow-up inspection (unsatisfactory inspections only).*

a. Inspector Signature

b. DATE: (YYYYMMDD):

c. Person In Charge Signature

d. DATE (YYYYMMDD):