

REPORT OF SANITATION INSPECTION
DMHMRSAS RESIDENTIAL FACILITIES

TELEPHONE: (804) 786-1747

DEPARTMENT MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Name of Facility: _____ Licensed Capacity: _____

Name of Operator: _____ Address: _____

Building(s) Inspected (Please List):

I. General Sanitation

A. Approved by Health Department: _____ Yes _____ No

B. Describe Violations:

C. Time given to correct violations: _____

II. Sewage Disposal System _____ Public _____ Non-Public

A. Owned by:

B. Approved by Health Department: _____ Yes _____ No

III. Water Supply _____ Public _____ Non-Public

A. Owned by:

B. Approved by Health Department: _____ Yes _____ No

IV. Swimming Pool

A. Pool meets Health Department guidelines or local swimming pool ordinance, where applicable:

_____ Yes _____ No _____ No Pool

(Attach a copy of Swimming Pool Inspection Report Form LHS-182 or equivalent)

V. Food Service Operations

Apply The *Rules and Regulations of the Board of Health Governing Restaurants*

A. Type of Semi-public Restaurant Operated by Residential Facility:

_____ Semi-public restaurant serving 13 or more recipients of service

_____ Semi-public restaurant serving 12 or less recipients of service

B. Approved by Health Department: _____ Yes _____ No

C. Describe Violations:

D. Time given to correct violations

(Attach a copy of Food Service Inspection Report Form CHS-152)

VI. Summary

A. Specify any additional health hazards observed: _____

Time given to correct hazards: _____

B. Do you plan a follow-up inspection to verify correction of the above violation(s): _____

If yes, anticipated date _____

(Signature of Local Health Director or Designee)

(Mailing Address of Sanitarian)

(Signature of Facility Representative)

(Date of Inspection)

(Telephone Number of Sanitarian)

REGULATORY AGENCY COPY