

Annual School Sanitation Inspection Report



Public Health
Prevent. Promote. Protect.

School Name _____

Date _____

Address

Plumbing Fixtures									
	Clean			Adequate pressure and temperature			Handicap Accessible		
Water Closets	Yes	No		Yes	No	NA	Yes	No	NA
Urinals	Yes	No		Yes	No		Yes	No	NA
Lavatories	Yes	No		Yes	No		Yes	No	NA
Drinking Fountains	Yes	No		Yes	No		Yes	No	NA
Service Sinks	Yes	No	NA	Yes	No	NA	Yes	No	NA
Showers	Yes	No	NA	Yes	No	NA	Yes	No	NA
Comments									

Personal Health and Safety			
Hand washing soap available	Yes	No	
Eye and Ear protection available in high risk areas	Yes	No	NA
Paper towels or hand dryers provided in restrooms	Yes	No	
Building handicap accessible	Yes	No	NA
Cleaning supplies separated from student population	Yes	No	
Hazardous chemicals stored properly	Yes	No	
Comments			

Water Supply			
Source	Public	Private	
Disinfected	Yes	No	
Routinely monitored	Yes	No	
Adequate Back Flow & Cross Conn. Protection	Yes	No	NA
Irr. well meets code.	Yes	No	NA
Comments			

Waste Water Disposal		
Type	Municipal	On-site
Functional	Yes	No
Comments		

Environmental Systems			
Boiler inspection current	Yes	No	NA
Lighting appears adequate	Yes	No	
Ventilation appears adequate	Yes	No	
Trash removed	Yes	No	
Rodent access restricted	Yes	No	
Harborage restricted	Yes	No	
Comments			

Other Comments

Health Dept. Sanitarian _____ Date _____

School Representative _____ Date _____

Health Officer or Designee _____ Date _____