NEW HAMPSHIRE DEPARTMENT OF EDUCATION
BUREAU OF SCHOOL APPROVAL AND FACILITY MANAGEMENT
101 PLEASANT STREET
CONCORD, NEW HAMPSHIRE 03301-3860

HEALTH INSPECTION FORM (2012) (Part I)

(Please print)

School Name: _____ SAU: ___ Date of Inspection: _____

Address: _____City/Town/Zip_____

School Contact: _____ Title: _____

Phone: _____Fax: _____ Email:_____

Enrollment: ____ Number of buildings used by students: _____ Number of buildings inspected: _____

Name of Health Inspector: _____Organization: _____

Phone: _____ Fax: _____ Email: _____

1. The Health Inspection is part of the NH Department of Education school approval process. Please read this form thoroughly. A Health Inspection is required to determine if a public school is in compliance with NH Administrative Rule Ed 306.07 and a nonpublic school is in compliance with NH Administrative Rule Ed 403.01(c). NH charter schools are covered by NH Administrative Rule Ed 318.07(b)(4). The health inspection must be performed by a health official, not a school employee. A separate form per building is preferred unless attachments are provided which refer to the other buildings. **It is the school's responsibility to submit the ENTIRE completed form to the NH Department of Education by mail, fax or email. Kitchen inspections are not acceptable substitutes for the health inspection.**

2. Visit http://www.dhhs.nh.gov/dphs/documents/officers.pdf for a list of local health officers.

3. We highly recommend that a **map of the school** be provided to the health inspector showing room numbers and special areas such as gym, cafeteria, offices, and library**. Prior** to the health inspection, please have **copies of the following documents** available for review:

- NH Dept. of Environmental Services (DES) Water Supply Certificates, if water supplied by a well.
- Proof of most recent Septic Tank Pumping, if applicable.
- Proof of recent furnace and elevator lift inspections by qualified personnel.
- Asbestos Inspection Reports for buildings built before 1990
- Animal Vaccination certificates, if applicable.
- Swimming pool testing records, if applicable.
- Completed Playground & Sports Field Checklists. (Attachments A and B)
- Completed Science, Art, and Photo Rooms Checklist. (Attachment C)
- Completed Dormitory Checklist, if applicable. (Attachment D)

4. Refer questions about this form to the Department of Education at 603.271.3759 or 603.271.4125.

New Hampshire Department of Education

HEALTH INSPECTION FORM (2012) (Part II)

School: _____ Building: _____ Date: _____

***Directions**: Place a check in the **YES** column if the school building meets the requirement **on the day of the visit**. If the school building does not meet the requirement, place a check in the **NO** column. If the item is **NOT APPLICABLE,** place a check in the N/A or Not Applicable column. If you have written a comment about a requirement elsewhere or on an attachment, place a check in the **NOTES** column.*

1.	**General Conditions Throughout Building/s**	**See Attached Notes**			
	Potential hazards observed during the inspection should be noted on page 4 or on an attached page. Some examples of these hazards include:				
	For children under age 5:				
	Easily tipped heavy items which could fall on students;				
	Cords or strings in children's reach & long enough to encircle a child's neck;				
	Peeling or flaking paint accessible to small children				
	Uncapped electrical outlets accessible to small children				
	Balusters/spacing on stairs should not allow a 4 inch ball through				
	For all children:				
	Open windows accessible to small children and lacking protection to prevent children from falling out				
	Tripping hazards (loose tiles, rugs, threshold plates, extension cords)				
	Evidence of mold or water leakage requiring attention				
	Unprotected heat sources				
	Extreme temperature conditions				
	Poor lighting conditions				
	Unvented space heaters using gas, oil, or kerosene as fuel				
	Poor ventilation or none				
	Unclean conditions demonstrating a lack of regular cleaning				
	Exit doors improperly blocked, chained or locked				
2.	**Water Supply, Septic Systems, Toilet Facilities**	**Yes**	**No**	**N/A**	**Notes**
	(a) Is the school's drinking water supplied from the town or city?				
	(b) If the school's drinking water is supplied from an onsite well and the student and staff population exceeds 25, is the well licensed and tested as required by NH Department of Environmental Services (DES) Administrative Rule ENV-Ws 300?				
	(c) Is hot water (110 to130 degrees F) available for culinary purposes, cleansing, laundry and building maintenance? (IPC 2006)				
	(d) Are water fountains clean with sufficient water pressure?				
	(e) Does this school have functional sewage facilities connected to a town or city sewage system?				
	(f) If an onsite septic system is used, is it functional and pumped regularly?				
	(g) Are all restrooms clean, safe and in working order?				
	(h) Do all toilet rooms have hot water or tempered water (85 to 110 degrees F), soap, toilet paper & paper towels or heated air dryers?				
	(i) Is there at least one toilet fixture for every 50 people? (IPC 2006)				

3.	Food Preparation and Dining Areas (2012)	Yes	No	N/A	Notes
	(a) If food is prepared on-site, is a current license from the city or state licensing authority posted?				
	(b) Are toxic materials clearly labeled and properly stored away from food?				
4.	**Animals On School Property**				
	(a) Are all animals kept on school grounds enclosed by appropriate and lockable cages or stalls?				
	(b) Do all animals kept on school grounds have a current certificate of good health from a licensed veterinarian?				
	(c) Does it appear that all fecal material is adequately cleaned from the cage of any mammal or rodent on a regular basis?				
	(d) Is disinfectant readily available for those students or staff handling the animals or cleaning their cages?				
5.	**Other**				
	(a) Are signs posted noting the prohibition of smoking inside the public school's facilities? (RSA 126-K: 7) (RSA 155:66)				
	(b) If any building used by students and staff was built before 1990 and this is a nonprofit organization, have school staff provided you with an asbestos inspection report showing its buildings are free of friable asbestos hazards or an inspection within the last three years showing areas with friable asbestos hazards have been properly maintained? (RSA 141-E)				
	(c) Is the Playground Checklist completed by school staff acceptable?				
	(d) Is the Sports Field Checklist completed by school staff acceptable?				
	(e) Is the Science, Art and Photo Lab Checklist completed by school staff acceptable?				
	(f) If there are any dormitories at this school, are they maintained in a healthy and sanitary manner?				
	(g) Are Dormitory Checklists completed by school staff available for each dormitory operated by this school?				
	(h) Do the Dormitory Checklists completed by school staff reveal any deficiencies needing resolution?				
	(i) Other areas of concern not addressed above, note below.				

Comments:

School: _____ Building: _____ Date: _____

New Hampshire Department of Education
HEALTH INSPECTION FORM (2012) (Part III)

Name of School: _____

Date of Health Inspection: _____ Building/Area Inspected: _____

Name of Health Officer: _____Signature of Health Officer: _____

Please check one of the options below. This building/area:

____ **Is Approved.**

____ **Has Conditional Approval** due to items listed below and/or on an attached page needing further attention. (Note: Schools must remedy these items by the end of the school year or have the funds and a schedule to fix them approved by the local health officer before being recommended for approval by Department staff.

____ **Is Not Approved**. The items listed below and/or on an attached page must be resolved very soon or the school faces closure. The Superintendent and the Department of Education staff should be notified as soon as possible.

Item Needing Attention	Requested Compliance Date	Planned Re-inspection Date

"I acknowledge receipt of this report and understand a full copy must be forwarded to the NH Department of Education."

_____ _____

Printed Name and Signature of School Contact Date

PLAYGROUND SAFETY SELF INSPECTION CHECKLIST (2012) (Attachment A)

School: _____ SAU: _____City/Town: _____

Please complete this checklist **prior** to the arrival of the health inspector by checking the appropriate column. For additional playground safety information, go to www.cpsc.gov.

	Conditions	**YES**	**NO**	**N/A**	**See Notes**
1.	Is there any litter or unsafe debris on or around the playground?				
2.	Are there tripping hazards such as exposed footings, roots, rocks?				
3.	Are there slipping hazards, such as sand on walkways or pavement?				
4.	Is the play area free of animal feces and thorny or poisonous plants along the fence or otherwise accessible to children's reach?				
5.	Are there areas where standing water might lead to mosquito breeding? (tires, puddles, poor drainage spots)				
6.	Is there any evidence of bee hives or hornet nests?				
7.	Are all self latching devices on gates functioning properly?				
8.	Is the play area adequately protected from motor vehicle traffic?				
9.	Is there sufficient, nontoxic (6 – 12 inches is recommended) energy absorptive material under and around the play equipment including fall zones?				
10.	Does any equipment show cracks, bending, rusting, or breakage?				
11.	Is there any peeling paint or splintering wood on play equipment, picnic tables, and wooden fences where children might reach?				
12.	Are there any protruding nails or bolts with sharp edges or abrasive surfaces on play equipment, tables or fences?				
13.	Are swings and swing seats secure and free of cracks or rusted areas?				
14.	Are there any accessible and open areas higher than 8 feet?				
15.	Do platforms 30 – 48 inches high have guardrails?				
16.	Do platforms 48 inches or higher have a barrier surrounding the platform to discourage climbing?				
17.	Are openings on equipment and guard rails less than 4 inches or more than 9 inches to prevent head entrapment?				
18.	Does climbing equipment have secure rungs or nonslip steps?				
19.	Is sandbox clear of debris?				
20.	Is there curbing or a containment structure on all sides of loose surface material?				
21.	If there is an outdoor toilet, is it clean, operable and is it pumped regularly?				

Comments:

Name of person completing checklist: _____ Title: _____

Signature of above person: _____ Date: _____

New Hampshire Department of Education
HEALTH INSPECTION FORM (2012)

SPORT FIELDS SAFETY SELF INSPECTION CHECKLIST (Attachment B)

School: _____ SAU: _____City/Town: _____

Please complete this checklist **prior** to the arrival of the health inspector by checking the appropriate column for each question.

	Conditions	**YES**	**NO**	**N/A**	**See Notes**
1.	Are sport fields adequately protected from motor vehicle traffic?				
2.	Is there any litter or unsafe debris on the fields or in spectator areas?				
3.	Is there any evidence of bee hives or hornet nests?				
4.	Are the sports fields free of thorny, poisonous or noxious plants?				
5.	Is drainage on and off the fields adequate to prevent standing water and the breeding of mosquitoes?				
6.	Are field irrigation heads, drainage gates, valve boxes, etc. below grade and without protrusions on the playing surface?				
7.	Do synthetic turf fields have any rips, tears, or bulges?				
8.	Do any fences have any protruding sharp areas or broken sections?				
9.	Are sidewalks and tennis courts free of holes or cracks?				
10.	Are tennis court net supports free of sharp edges?				
11..	Are backstops securely anchored and in a safe condition?				
12.	Are all outdoor toilets used by students and the public clean, in working order, and pumped regularly?				
13.	Are dugouts in safe condition (free of splinters, sharp edges, dry rot)?				
14.	Do bleachers have any cracks, holes, missing cross braces, loose bolts, missing frames or legs?				
15.	Do bleachers have any hazardous protrusions or sharp edges?				
16.	Are all bleacher legs resting on footplates set evenly on solid ground?				
17.	Are all bleacher legs vertical and in good condition?				
18.	Do bleachers have proper fall protection such as back rails for high seats, side rails, and hand rails?				
19.	Are these bleacher rails securely in place?				
20.	If there are any swimming pools at this school, are they clean and is there documentation showing that the water is tested regularly?				
21.	Are the swimming pool areas locked to prevent unauthorized access when the pool is closed?				
22.	Are there accurate signs displaying the pool water depth?				

Comments:

Name of person completing checklist: _____ Title: _____

Signature of above person: _____ Date: _____

New Hampshire Department of Education
HEALTH INSPECTION FORM (2012)

SCIENCE LAB, ART & PHOTO ROOMS SELF INSPECTION CHECKLIST (Attachment C)

Directions: Please complete this checklist **prior** to the arrival of the health inspector.

	SCIENCE LAB	YES	NO	N/A	Notes
1.	Is a Science Lab in this building? If yes, please answer questions below.				
	(a) Is there at least one fire extinguisher for Class A, B, & C fires?				
	(b) Is a first aid kit easily accessible?				
	(c) Are signs posted indicating the location of safety equipment and emergency contact information?				
	(d) If chemicals are used, is chemical safety part of the curriculum?				
	(e) Are current Material Safety Data Sheets (MSDS) readily accessible for all hazardous chemicals used or stored in the lab?				
	(f) Are containers of hazardous materials labeled with the identity of the material, the date the material was acquired, the words "hazardous material", and the hazard associated with the material?				
	(g) Are hazardous materials stored and disposed of properly?				
	(h) Is sufficient personal protective equipment (ie goggles, masks, gloves) available?				
	(i) If chemicals are used, are working eyewash stations available?				
	(j) Are chemicals disposed of properly?				
	(k) Are eyewash stations regularly cleaned to avoid rust and mold?				
	(l) Are operable exhaust ventilation hoods provided?				
	(m) Is all electrical equipment properly grounded?				
	(n) Is the master gas shutoff valve located in the room and labeled?				
	(o) Are natural gas connections secure and in good condition?				
2.	**ART ROOM**				
	(a) Are paints and thinners labeled and stored properly?				
	(b) Are MSDSs current and easily available?				
	(c) Do paper cutters have finger guards and safety latches?				
	(d) Are pottery wheel electrical cords plugged into GFCI outlets?				
	(e) If a kiln is used, is the lid in acceptable condition?				
	(1) Is there ventilation providing exhaust to the outdoors?				
	(2) Is the kiln located in a safe location?				
3.	**PHOTO LAB**				
	(a) Are students oriented to hazards and made aware of safety policies?				
	(b) Are chemicals stored properly and MSDSs current and available?				
	(c) If chemicals are used, are working eyewash stations available?				
	(d) Are chemicals disposed of properly?				
	(e) Is ventilation adequate?				

Name of person completing checklist: _____ Title: _____

Signature of above person: _____ Date: _____

Name of School: _____

New Hampshire Department of Education
HEALTH INSPECTION FORM (2012)

DORMITORY SELF INSPECTION CHECKLIST (Attachment D)

School: _____ SAU: _____City/Town: _____

Please complete a checklist for **each dormitory** building **prior** to the arrival of the health inspector.

	Name of Dormitory: _____	**YES**	**NO**	**N/A**	**See Notes**
1.	Does the outside of the facility appear clean and habitable?				
2.	Does the inside of the facility appear to be cleaned regularly?				
3.	Are exit doors **improperly** locked, blocked or chained?				
4.	Are windows in good condition and **not** blocked?				
5.	Are window screens available for buildings without air conditioning?				
6.	Is there a window that opens in each room?				
7.	Is there adequate and operable lighting throughout the building?				
8.	Is emergency lighting available throughout the building?				
9.	Is there evidence of mold or water leakage requiring attention?				
10.	If water is supplied by a well, is the water tested per RSA 485?				
11.	Has the furnace been cleaned on an annual basis?				
12.	Does the furnace have a current inspection certificate?				
13.	Are there any space heaters using gas, oil, or kerosene oil as fuel which are not vented to the outside?				
14.	Are there any wood stoves that are not vented to the outside?				
15.	Does each room and hallway have carbon monoxide detectors?				
16.	Do the elevators have a current inspection certificate?				
17.	Are there tripping hazards such as clutter, loose tiles, rugs, threshold plates, or extension cords?				
18.	Are male and female sleeping areas separated?				
19.	Do dorm bedrooms have operable door locks?				
20.	Is a master key available for bedrooms?				
21.	Do upper bunks have rails?				
22.	Is there a storage location for excess clothes and personal equipment?				
23.	Are all restrooms used by students and staff clean, safe and operable?				
24.	Do all toilets have hot water and toilet paper?				
25.	Do drying areas adjacent to showers have non-skid floors?				
26.	Are kitchens clean and trash emptied regularly?				

Comments:

Name of person completing checklist: _____ Title: _____

Signature of above person: _____ Date: _____