



NH Department of Education

**Bureau of
School Safety
& Facilities**

25 Hall Street, Concord, NH 03301-3852

Telephone (603) 271-2037

School Health Inspection Form

Last revised: December 5, 2022

INSTRUCTIONS

A school health inspection is part of the New Hampshire Department of Education (NHED) review process to ensure that school facilities are meeting minimum standards, Ed 306.07 and Ed 401.02, and operating a suitable and sanitary building required by RSA 189:24.

It is the responsibility of the school to contact their local health official and request an inspection. Schools should give their local health official 4-8 weeks' notice to allow for proper scheduling.

The health inspection must be performed by a health official, not a school employee. Visit <https://www.dhhs.nh.gov/dphs/holu/documents/officers.pdf> for a list of local health officials.

Kitchen inspections are not acceptable substitutes for the health inspection.

Schools are required to complete an Indoor Air Quality Survey annual. Surveys are posted online here: <https://www.education.nh.gov/who-we-are/division-educator-and-analytic-resources/school-safety-and-facility-management-bureau>. Prior to the visit, the health official should review the school's Air Quality Survey and follow-up with the school if they have any concerns or questions.

The school should provide the local health official with a map of the school showing room numbers and special areas such as the gym, cafeteria, offices, and library. The map should also identify the year each section was built.

During the visit, the local health official will need to walk around the facility with your facility director or other suitable official. The school official should have keys to spaces that may be locked.

The local health official should submit this completed form to the school and retain a copy for their records.

The school shall submit an electronic copy to NHED upon their request. A completed health inspection form is typically requested as part of a public school approval review, a chartered public school renewal review, a nonpublic school renewal review, or a new school facility approval review.

If corrective actions are called out by the local health official, it is the responsibility of the school to correct the deficiencies by the corrective action date provided and notify their local health official.

INFORMATION		
Name of school:	Municipality:	Date of Inspection:
Health Inspector's Name:	Email:	Phone:
Name and Title of School Personnel Present at Inspection:		
Name of each building inspected (inspections should include all buildings used by students and operated by the district):		

Number of Students:	Number of Full Time Staff:
---------------------	----------------------------

Water Supply:	Municipal	Wastewater System:	Municipal
	Drilled Well		Septic
	Dug Well		Other (enter type):

A. GENERAL MAINTENANCE		YES	NO	NA	COMMENTS AND/OR CORRECTIVE ACTIONS	CORRECT BY DATE
A1.	Are high-touch surfaces cleaned at least once a day?					
A2.	Are cleaning supplies stored in accordance with manufacturer's instructions in a lockable space, and inaccessible to students? Are Safety Data Sheets (SDS) readily available to staff?					
A3.	Are all restrooms clean and in working order?					
A4.	Do all restrooms have tempered water 85°F to 110°F (IPC 419.5), soap, toilet paper, and paper towels and/or heated air dryers?					
A5.	Are rooms that are accessible to students (including bathrooms) well ventilated, heated to at least 65°F, and well lit?					
A6.	Are dumpsters located on smooth non-absorbent surfaces? Are they closed, clean, and maintained?					
B. PEST MANAGEMENT		YES	NO	NA	COMMENTS and/or CORRECTIVE ACTIONS	CORRECT BY DATE
B1.	Is there evidence of insect, rodent, or other pest activity? If so, is the school actively engaged in addressing the issue? Note remediation activities in the comments.					
B2.	Is there appropriate pest protection (e.g., screens installed on opened windows) and is it maintained?					
B3.	Are the school grounds maintained to control the growth of brush, weeds, and grass that may harbor pests?					

C. FOOD PROTECTION		YES	NO	NA	COMMENTS AND/OR CORRECTIVE ACTIONS	CORRECT BY DATE
C1.	Are toxic materials clearly labeled and properly stored away from food?					
C2.	Is hot water (110 – 130 degrees) available for culinary purposes, cleaning, laundry and building maintenance? (IPC 2015 & IPC 2018)					
C3.	If food is served is a current license from the municipality or state licensing authority posted?					
D. INDOOR AIR QUALITY		YES	NO	NA	COMMENTS AND/OR CORRECTIVE ACTIONS	CORRECT BY DATE
D1.	Does the school schedule routine inspections and maintain a maintenance program for HVAC systems?					
D2.	Has the school assessed the ventilation to reduce transmission of respiratory diseases?					
D3.	Is there evidence of any active water leaks? If found, please describe the condition and location.					
D4.	Is there evidence of the presence of mold or mildew? If found, please describe the condition and location.					
D5.	Are signs posted noting the prohibition of smoking on the school's grounds? <i>RSA 126-K:7 prohibits the use of tobacco products, e-cigarettes, or liquid nicotine on public school grounds.</i>					
E. WATER SUPPLY & DRINKING WATER		YES	NO	NA	COMMENTS AND/OR CORRECTIVE ACTIONS	CORRECT BY DATE
E1.	Are the drinking water fountains clean and in good working order?					
E2.	If the school's drinking water is supplied from an onsite well and the student and staff population is 25 or more, is the well registered and tested as required by NH Department of Environmental Services administrative rule Env-Dw 700? <i>Currently registered wells can be found here: https://www.des.nh.gov/onestop-navigation</i>					
E3.	If the school's drinking water is supplied from an onsite well and the student and staff population is less than 25, has the water been tested? If so, are the results available for review? (State concerns in notes section.)					
E4.	Does the facility have a program for flushing drinking water outlets following long breaks before these outlets are used?					

F. WASTE DISPOSAL SYSTEMS		YES	NO	NA	COMMENTS AND/OR CORRECTIVE ACTIONS	CORRECT BY DATE
F1.	If applicable, is there a schedule for pumping of the septic system tank?					
F2.	Is there evidence to suspect wastewater system failure (e.g., backups, sewage odor, surficial breakout)? If found, please describe the condition and location.					
F3.	If portable toilets are used, are they maintained in a clean and sanitary manner?					
F4.	Are leach fields free of activities that can compact the soil and potentially lead to failure (e.g., playgrounds, parking, or other structure on system(s))?					
G. OTHER ENVIRONMENTAL HAZARDS		YES	NO	NA	COMMENTS AND/OR CORRECTIVE ACTIONS	CORRECT BY DATE
G1.	If the building was built before 1978, is there evidence of flaking paint? Is there worn or damaged paint present on windows, doors, or door jams?					
G2.	If yes to the questions above, has any follow up testing been performed by a licensed lead inspector/risk assessor?					
G3.	Does the environment contain or pose any other health conditions that may be hazardous to students?					
H. ANIMALS ON SCHOOL PROPERTY (If applicable)		YES	NO	NA	COMMENTS AND/OR CORRECTIVE ACTIONS	CORRECT BY DATE
H1.	Does it appear that animal fecal material is adequately cleaned from the cage/stall?					
H2.	Is a hand washing station readily accessible with hot water and soap for those students or staff handling the animals or cleaning their cages?					
H3.	If dogs are kept on the property, do they have proof of license and vaccination on file at the school?					
H4.	Are there any health concerns you are aware of from animals present in the school? Note types of animals present in the school.					

ADDITIONAL REMARKS

NEXT ACTION REQUESTED BY LOCAL HEALTH OFFICIAL

Contact local health official to schedule a reinspection by _____

Submit photo evidence to the local health official by _____

Other: Instructions _____

No further action requested by local health official

ACKNOWLEDGEMENT

"I acknowledge receipt of this report and understand a complete copy must be forwarded to the Department of Education upon request."

_____	_____	_____
School contact name	Signature	Date

"I acknowledge this form has been completed to the best of my knowledge."

_____	_____	_____
Inspector name	Signature	Date