

REPORT OF SEPTIC INSPECTION
Of Residential Care Facilities

Licensee: Please submit one copy to:

Ohio Department of Developmental Disabilities
Office of Provider Standards and Review
1810 Sullivant Avenue
Columbus, OH 43222-1055
EMAIL: OPSR.InspectionForms@dodd.ohio.gov
FAX: 1-877-644-6671

Type of Inspection: SEPTIC

Name & Address of Facility:		County of Facility:
		Name & Address of Inspecting Agency:
Facility #:	Capacity:	

Health Inspection	Inspection Requested: Septic	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Date of Visit:
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<p>Corrections to be made:</p> <hr/> <p>Reasonable Compliance Time: _____ Days</p>
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You are hereby ordered to: Correct any violations by _____, 20____.	
Re-inspection	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
_____ Signature of Inspecting Agent/Certification #	_____ Date