

REPORT OF WATER 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: OPR.InspectionForms@dodd.ohio.gov
FAX: 1-877-644-6671

Type of Inspection: WATER

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

Health Inspection	Inspection Requested: Water	Approved <input type="checkbox"/>	Date of Visit:
		Disapproved <input type="checkbox"/>	

Corrections to be made:
Reasonable Compliance Time: _____ Days

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