



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
Office of Private Education
Old Capitol Building
PO BOX 47200
OLYMPIA WA 98504-7200
(360) 725-6433 TTY (360) 664-3631

HEALTH AND SAFETY INSPECTION AND COMPLIANCE

This form is provided for your convenience and the convenience of the local health department staff. The form should be used to verify that the school facility meets reasonable standards of local health and safety ordinances. A letter or form from the appropriate health official indicating compliance with health regulations is satisfactory.

If your school is approved/licensed by the Department of Health or Department of Social and Health Services (e.g., child care center, group care facility, etc.) and such approval/license requires compliance to health and safety codes, then a copy of such approval/license may be attached in lieu of this health inspection form.

If your school has multiple sites, each site shall be properly inspected.

NAME OF SCHOOL		
LOCATION ADDRESS		
CITY	STATE	ZIP CODE
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CHIEF SCHOOL ADMINISTRATOR		
PHONE ()	FAX ()	

CERTIFICATION

On the basis of applicable health and safety regulations, I certify that the facility, identified above, has been inspected by the local Washington State health and safety authority. The facility has been found to meet the minimum health and safety requirements as set forth in the appropriate sections of the Washington Administrative Code.

Signature _____ (Local Health and Safety Authority) _____ Date _____

Title _____

Health District _____

Telephone _____

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