



STATE OF MONTANA
Food & Consumer Safety Section
Department of Public Health & Human Services
School Inspection Report

Date _____

Page ____ of ____

School Name _____	Principal _____	Phone _____
Location Address _____	City _____	County _____
Inspection Purpose: Regular ____ Follow-up ____ Complaint ____ Illness Investigation ____ Pre-opening ____ Other _____		

50-1-203 MCA Public Health Inspections. (1) The department may make public health inspections of schoolhouses, churches, theaters, jails, and other buildings or facilities where persons assemble. If public health deficiencies are found in the facility, the department may direct that conditions be corrected within a reasonable time. (2) Either the department or a local board of health may bring an action, including an action for injunctive relief, to correct the public health deficiencies.

REQUIREMENT (REFERENCE ARM TITLE 37, CHAPTER 111, SUBCHAPTER 8)	IN	OUT	NOT OBSERVED	N/A
Wastewater system meets ARM 17.38.1, Circular 84-10, Circular 13. <i>DEQ or local permit #:</i> _____ Replaced/repared if failed, contaminating potable water supply/state waters.				
Solid waste containers adequate, cleaned, protected from tipping. Stands facilitate cleaning. Dumpsters/compactors on concrete/asphalt. Ground clean, in good condition. Weekly removal to approved landfill, in covered containers/vehicles.				
Water supply meets ARM 17.38.1,2,5, Circular 84-11. Public water supply, <i>PWSID #:</i> _____ If private, quarterly coliform tests taken. <i>Date of last test:</i> _____ <i>Results:</i> _____ Water supply repaired/replaced if contaminated/not adequate. Common drinking cups prohibited. Temporary drinking water potable, protected. Single-use cups provided.				
Food service meets ARM 37.110.2. Licensed if serving anyone other than staff, students, & guests.				
Handsinks supplied w/ soap & paper towels/air dryers. Water temp ≤ 120°F at handsink & showers. Sanitary napkins & disposal available for girls ≥10 yrs, teachers, nurses.				
Ill child isolated. Parent requested for pick-up.				
1st aid policy w/ parent phone info, procedures, certified person for activities.				
Health screening advised for development, vision, hearing, scoliosis, drug abuse, nutrition, dental.				
Laundry washed ≥120°F for ≥8 min, hot air dried. Driers vented. Separation of sorting/storing/transporting clean & dirty laundry. Clean laundry protected. Hand sink w/ soap, disposable towels. <i>May double as soak sink.</i>				
Housekeeping/maintenance provided daily while in use. Janitorial facility w/sink. Enough storage for chemicals/etc. Clean, ventilated, odor-free. Toxics/hazardous materials locked up when not in use. Clearly labeled with name. Mop heads laundered. Cleaning supplies not washed/rinsed in toilet//handsink/shower. Cleaners for showers, handsinks, urinals, toilets, floors contain fungicide/germicide. Cleaning supplies separated by purpose to prevent contamination. Dry dusting/mopping prohibited except on gym floor. Deodorizer not used instead of cleaning. Cleaners/pesticides stored, used, disposed of according to manufacturer's instructions.				
Therapeutic whirlpools easily cleanable. Drained & disinfected. Infected persons prohibited.				
Furnishings/fixtures/floors/walls/ceilings clean & good repair. Floors, walls, ceilings of rooms subject to moisture smooth & non-absorbent. <i>Non-skid mat ok.</i>				
Student storage for clothing & books adequate.				
Lighting recommended w/o glare. 10fc - hallway/locker/auditorium. 20fc - cafeteria/gym/bath. 50fc - classroom/art room/library. 100fc - shop/lab/typing room.				
Heating recommended 65°F - gym, 75°F - locker/shower, 68°F - all other rooms.				
Gas lines/electricity in labs/shops/rooms have master shut-off.				
Smoking prohibited in building & vehicles. Adequate signage.				
Outside free of unnecessary dangers. No debris/standing water/noxious weeds. Storage areas free of rodent harborage. Building material ≥ 1ft from ground.				
Playground equipment maintained in safe condition.				

Report Received By _____ Title _____

Inspector _____ Phone _____ Follow-up inspection required: Yes / No