

Inspection/Observation Report Supplement

Type of Project	
<input type="checkbox"/> Public Swimming Pool, Spa or Special Use Pool	
<input type="checkbox"/> Manufactured Home Park	
<input type="checkbox"/> Campgrounds: <input type="checkbox"/> RC <input type="checkbox"/> CPC <input type="checkbox"/> RVP <input type="checkbox"/> TPC	
<input type="checkbox"/> Marina	
<input type="checkbox"/> Other _____	

County _____	Permit No./ODH File No. _____
Establishment Name _____	Address _____

See attached Inspection Report. Use the space provided below for additional remarks or drawings

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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Scale	Sanitarian	Date
	Owner/Agent	Date
Show the North arrow		