

## State of Ohio Standard Inspection Report

Authority: Chapter 3717 and 3715 Ohio Revised Code

<b>Name of facility</b> BLUE ASH EDUCATIONAL BUILDING	<b>Check One</b> FSO	<b>License number</b> <small>(number protected)</small>	<b>Date</b> Dec 15, 2011
<b>Address</b> 10149 KENWOOD ROAD, BLUE ASH, OH 45242	<b>Category/Descriptive</b> Level 3		
<b>License holder</b> BLUE ASH EDUCATIONAL BUILDING	<b>Inspection time (min)</b> 45	<b>Travel time (min)</b> 0	<b>Other</b>
<b>Type of visit</b> Standard (sys)	<b>Follow-up date</b> (If required)	<b>Sample date/ result</b> (If required)	

**3717-1 OAC Violation Checked**

**Management and Personnel**

2.1	Employee health
2.2	Personal cleanliness
2.3	Hygienic practices
2.4	Supervision

4.4	Maintenance and operation
4.5	Cleaning of equipment and utensils
4.6	Sanitizing of equipment and utensils
4.7	Laundering
4.8	Protection of clean items

**Poisonous or Toxic Materials**

7.0	Labeling and identification
7.1	Operational supplies and applications
7.2	Storage and display separation

**Food**

3.0	Safe, unadulterated and honestly presented
3.1	Sources, specification and original containers
3.2	Protection from contamination after receiving
3.3	Destruction of organisms
3.4	Limitation of growth of organisms
3.5	Identity, presentation, on premise labeling
3.6	Discarding or reconditioning unsafe, adulterated
3.7	Special requirements for highly susceptible populations

**Water, Plumbing, and Waste**

5.0	Water
5.1	Plumbing system
5.2	Mobile water tanks
5.3	Sewage, other liquid waste and rainwater
5.4	Refuse, recyclables, and returnables

**Special Requirements**

8.0	Fresh juice production
8.1	Heat treatment dispensing freezers
8.2	Custom processing
8.3	Bulk water machine criteria
8.4	Acidified white rice preparation criteria
9.0	Facility layout and equipment specifications
20	Existing facilities and equipment

**Equipment, Utensils and Linens**

4.0	Materials for construction and repair
4.1	Design and construction
4.2	Numbers and capacities
4.3	Location and installation

**Physical Facilities**

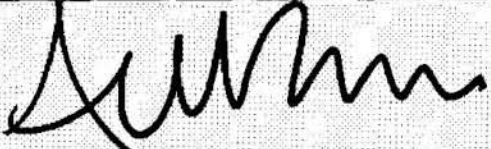
6.0	Materials for construction and repair
6.1	Design, construction and installation
6.2	Numbers and capacities
6.3	Location and placement
6.4	Maintenance and operation

**Administrative**

901:3-4 OAC
3701-21 OAC

**Violation(s)/Comment(s)**

Question Number	Item Number	Violations (Items marked with an * are critical.)
No violation observed at the time of inspection.		

	<p><b>Licenser</b> Hamilton County General Health District</p>
<p><b>Inspected by</b> Ana Rojas</p>	<p><b>R.S./SIT #</b> 112830</p>
<p>[name protected]</p>	<p><b>Phone</b> (513) 891-1723</p>
<p><b>Received by</b> [name protected]</p>	<p><b>Title:</b> PIC</p>

As per HEA 5302 12/10 Ohio Department of Health Paragon Bermuda (Canada) Ltd.  
As per AGR 1268 4/10 Ohio Department of Agriculture Paragon Bermuda (Canada) Ltd.

**School Environmental Safety Inspection  
Regulation 1-2010**

School Blue Ash Educational Building		Date of Inspection 12/15/11	
Address 10149 Kenwood Road		Type of inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City Cincinnati	Zip OH	School Classification <input type="checkbox"/> Public <input checked="" type="checkbox"/> Nonpublic	
County Hamilton	Phone 946 7843	Type of school (check all that apply) <input checked="" type="checkbox"/> Preschool <input type="checkbox"/> Middle <input checked="" type="checkbox"/> Kindergarten <input type="checkbox"/> Intermediate <input type="checkbox"/> Career Center <input type="checkbox"/> Elementary <input type="checkbox"/> Other: _____	
Principal or Chief Building Administrator [name protected]		HVAC system (Check all that apply)	
Grades of Instruction Infants to Kindergarten		Central Forced Air Systems	Heating <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/>
Enrollment	Classrooms 10	Year Constructed 1965	Unit Ventilators
School District Sycamore			Steam/Hot Water Radiators
			Electric Heating Units
			Geothermal
			Other: _____

**Indicate areas of deficiency by marking box (Regulation 1-2010)**

<input type="checkbox"/> 5-A1 Grounds and building exterior	<input type="checkbox"/> 7-C Industrial Arts classrooms	<input type="checkbox"/> 8-E Training or weight lifting rooms
<input type="checkbox"/> 5-A2 Playgrounds	<input type="checkbox"/> 7-D State and sel design areas	<input type="checkbox"/> 8-F Restrooms
<input type="checkbox"/> 5-A3 Solid waste disposal areas	<input type="checkbox"/> 7-E Music Room(s)	<input type="checkbox"/> 8-G Custodial closets
<input type="checkbox"/> 5-A4 Outdoor athletic facilities	<input type="checkbox"/> 7-F Family and consumer science	<input type="checkbox"/> 8-H Mechanical rooms
<input type="checkbox"/> 6-A All school indoor environments	<input type="checkbox"/> 8-A Auditoriums and student dining	<input type="checkbox"/> 8-I Attics/Mezzanines/Crawls
<input type="checkbox"/> 6-B Hallways and stairwells	<input type="checkbox"/> 8-B Library/Media center	<input type="checkbox"/> 8-J Water/Wastewater system
<input type="checkbox"/> 7-A Science classrooms	<input type="checkbox"/> 8-C Indoor athletic facilities	<input type="checkbox"/> 8-K Health care areas
<input type="checkbox"/> 7-B Visual arts classrooms	<input type="checkbox"/> 8-D Locker rooms	<input type="checkbox"/> 8-L Admin Areas

Regulation Number	Observations and recommendations for change, if adverse condition exists	Location
	No violations at the time of the inspection.	

Inspected By Ana Rojas Moonitz	Health District Hamilton County	Name of school staff accompanying inspector [names protected]	
Signature [name protected]	Date 12/14/11	RS/SIT No. 112830	Phone 946 7843
Received by 	Date	Title	Phone