

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

|   |              |  |   |
|---|--------------|--|---|
| School<br>Blue Ash Educational Building                       |              | Date of Inspection<br>4/15/15  |   |
| Address<br>10149 Kenwood Rd                                   |              | Type of inspection<br><input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up  |   |
| City<br>Cincinnati  | Zip<br>45242 | School Classification<br><input type="checkbox"/> Public <input checked="" type="checkbox"/> Nonpublic   |   |
| County<br>Hamilton  | 513-891-1723 | Type of school (check all that apply)<br><input type="checkbox"/> Preschool <input type="checkbox"/> Middle <input type="checkbox"/> Career Center<br><input type="checkbox"/> Kindergarten <input type="checkbox"/> Intermediate <input type="checkbox"/> High<br><input type="checkbox"/> Elementary <input type="checkbox"/> Other: |   |
| Principal or Chief Building Administrator<br>[Name Protected] |              | HVAC system (Check all that apply)   |   |
| Grades of Instruction<br>Pre-K and K                          |              | Central Forced Air Systems   | Heating <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> |
| 25  |              | Unit Ventilators   | <input checked="" type="checkbox"/>   |
| School District<br>Sycamore                                   |              | Electric Heating Units   | <input type="checkbox"/>  |
|   |              | Geothermal   | <input type="checkbox"/>  |
|   |              | Other:   | <input type="checkbox"/>  |

**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 Stage and set 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 Noted at time of inspection.                               |          |
|                   |  |          |
|                   |  |          |
|                   |  |          |

|                                   |                         |   |                       |
|-----------------------------------|-------------------------|---|-----------------------|
| Inspected By<br>Charles Noble     | Health District<br>HCPH | Name of school staff accompanying inspector<br>[Name Protected] |                       |
| Signature<br><i>Charles Noble</i> | Date<br>4/15/15         | RS/SIT No.<br>3409  | Phone<br>946-7840     |
| Received by                       | Date<br>4/15/15         | Title<br>MS   | Phone<br>513-891-7816 |

|        |                 |                    |
|--------|-----------------|--------------------|
| School | School District | Date of Inspection |
|--------|-----------------|--------------------|

| Regulation Number | Observations and recommendations for change, if adverse condition exists | Location |
|-------------------|--|----------|
|                   |  |          |