Contact Form & Participation Agreement

Please complete by October 15 and return to:

Spokane Regional Health District School Health & Safety Program

Email: livingenvironment@srhd.org

Fax: (509) 324-3603

Mail: 1101 West College Avenue, Room 402, Spokane, WA 99201-2095

School Year:				
School Name or School District:				
Superintendent/Administrator:				
Principal (for individual school):				
Physical Address:				
Mailing Address:				
Phone Number:			Cell/Alternate:	
*Email Address:			·	
Water District:				
Name:	·			
Title:				
Mailing Address:				
Phone Number:			Cell/Alternate:	
*Email Address:				
Name:				
Title:				
Mailing Address:				
Phone Number:			Cell/Alternate:	
*Email Address:				
Name:				
Title:				
Mailing Address:				
Phone Number:			Cell/Alternate:	
*Email Address:				
	School Name or School Superintendent/Adn Principal (for individual Physical Address: Mailing Address: Phone Number: *Email Address: Water District: Name: Title: Mailing Address: Phone Number: *Email Address: Name: Title: Mailing Address: Name: Title: Mailing Address: Phone Number: *Email Address: Phone Number: *Email Address: Name: Title: Mailing Address: Phone Number:	School Name or School District: Superintendent/Administrator: Principal (for individual school): Physical Address: Mailing Address: Phone Number: *Email Address: Water District: Name: Title: Mailing Address: Phone Number: *Email Address: Name: Title: Mailing Address: Name: Title: Mailing Address: Phone Number: *Email Address: Phone Number: *Email Address: Name: Title: Mailing Address: Phone Number:	School Name or School District: Superintendent/Administrator: Principal (for individual school): Physical Address: Mailing Address: Phone Number: *Email Address: Water District: Name: Title: Mailing Address: Phone Number: *Email Address: Name: Title: Mailing Address: Name: Title: Mailing Address: Phone Number: *Email Address: Phone Number: *Email Address: Phone Number: *Email Address: Phone Number:	School Name or School District: Superintendent/Administrator: Principal (for individual school): Physical Address: Mailing Address: Phone Number: *Email Address: Water District: Name: Title: Mailing Address: Phone Number: *Email Address: Phone Number: Cell/Alternate *Email Address: Name: Title: Mailing Address: Phone Number: Cell/Alternate: *Email Address: Phone Number: Cell/Alternate: *Email Address: Phone Number: Cell/Alternate:

Contact information is for school inspections and other health and safety issues (does not include food service).

Inspection reports will now be emailed to you in an Excel table format.*

Please make sure email addresses are current and notify us of any changes. In an effort to trim costs we will be sending inspection information, training notices and program updates via email.



SRHD works with schools and school districts to provide them with the opportunity and resources necessary to conduct re-inspections and comprehensive self-inspections as part of the K-12 Self-Inspection Program. In return, participating schools/districts must conduct quality, timely re-inspections and self-inspections, recognizing the responsibilities that accompany this opportunity. Each participating school/district understands and agrees to the terms of the Self-Inspection Program:

Deadlines. Schools/districts agree to submit completed inspection documents per the following deadlines:

- Routine inspection correction comments within 30 days of receiving the draft inspection report from SRHD.
- Re-inspection spreadsheet no later than February 28.
- Self-inspection spreadsheet no later than March 31.

Late fees. Late fees and/or hourly charges will be assessed as follows (consult *SRHD Fee Schedule* for current rates):

- A late fee will be assessed for materials submitted after the specified deadline.
- Hourly charges will be assessed for time spent by SRHD requesting documentation (e.g., due to
 incomplete/unsubmitted reports), conducting re-inspections or self-inspections, or conducting initial routine
 inspections following construction.

Authority. It is the school/school district's responsibility to ensure that those individuals conducting re-inspections and self-inspections are:

- Adequately trained to identify and assess health and safety hazards in the areas they are assigned to inspect.
- Authorized to initiate corrective action upon identification of a hazard.

Discrepancies. Inadequate/incomplete re-inspections or self-inspections or significant discrepancies between SRHD inspections and school/school district re-inspections or self-inspections may result in elimination of the option to conduct inspections, as determined by SRHD.

Training. An authorized school/school district representative will attend required training on an annual basis in order to participate in the self-inspection program. Failure to attend the training may result in the assessment of additional hourly charges and/or eliminate the option to conduct re-inspections or self-inspections until school/district staff are adequately trained.

I understand and agree to the above terms of the Self-Inspection Program.

School/District Name		
Authorized Representative		
Signature	Date:	
Authorized		
Representative		
(Please Print)	Title:	
Health District		
Authorized Signature	Date:	
Health District		
Authorized (Please Print)	Title:	

Spokane Regional Health District assures nondiscrimination in accordance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act. To file a complaint or to request more information, reasonable accommodations, or language translations, contact 509.324.1501 or visit srhd.org.

