

DOEHRS-IH EHM: Inspection Signature Form

This form may only be used when conducting paperless inspections using tablets with PDF fillable forms or the DOEHRS Mobile platform.

Purpose: This form is used with Food Sanitation and General Sanitation inspections/surveys. The form provides a mechanism for capturing signatures from an inspected operation's manager (or person in charge) and the inspecting agent.

Requirements when using this form

Inspecting Agent –

- Complete the appropriate Food Operation or General Sanitation inspection report or survey and sign the form (digitally).
- Complete all administrative information on this form to characterize the inspected facility and the final inspection rating.
- Brief the person in charge regarding the inspection findings, required corrective actions, final inspection rating, and the date of the follow-up inspection, if applicable.
- Sign at the bottom of the *Inspection Signature Form*.
- Scan and upload the signed *Inspection Signature Form* as an attachment to the appropriate DOEHRS-IH EHM survey.
- Deliver the completed inspection report (electronically or hardcopy) containing the inspector's signature to the person in charge within 24 hours following the inspection.

Operation Person in Charge or designated Representative –

- Receive the inspection briefing from the inspecting agent.
- Sign at the bottom of the *Inspection Signature Form*.
- Notify the inspecting agent's Department Chief or NCOIC if a copy of the official inspection report is not received within 24 hours.

1. OPERATION TYPE	<input type="checkbox"/> Food Operation	<input type="checkbox"/> Barber/Beauty	<input type="checkbox"/> Gym/Fitness	<input type="checkbox"/> Recreational Water
	<input type="checkbox"/> Habitability	<input type="checkbox"/> Mobile Home/RV Park	<input type="checkbox"/> Laundry	<input type="checkbox"/> Detention Facility
	<input type="checkbox"/> Public Facility (Select type):	<input type="checkbox"/> Campground/Picnic Area	<input type="checkbox"/> Park/Playground	<input type="checkbox"/> Classroom/Conference Room
	<input type="checkbox"/> Shower/Locker Room	<input type="checkbox"/> Restroom/Toilet Facility	<input type="checkbox"/> Other (Specify):	
2. FACILITY NAME:		3. INSTALLATION:		4. INSPECTION DATE (YYYYMMDD):
5. DOEHRS Survey ID:				
6. INSPECTOR (Surveyor)	Full Name & Rank:		Phone:	Email:
	Organization/Department:		Department Chief/NCOIC:	Department Chief/NCOIC Phone:
7. OPERATION MANAGER or PERSON IN CHARGE	Full Name:		Phone:	Official Email:
8. INSPECTION TYPE (select one)	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Pre-Opening
<input type="checkbox"/> Other (specify):				
9. INSPECTION RESULTS	Number of Critical Violations	10. INSPECTION RATING (select only one as presented on the inspection report)	<input type="checkbox"/> Fully compliant	<input type="checkbox"/> Substantially compliant
	Number of Non-critical Violations		<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
		11. FOLLOW UP DATE (YYYYMMDD)	<input type="checkbox"/> N/A	
COMMENTS (Use this space to provide additional information as needed. – DO NOT summarize inspection findings!)				
A copy of the inspection report [DOEHRS-IH EHM report export] will be provided to the person identified in block 7, above, NLT the following date:				
Check this box if the person in charge identified in block 7, above, was NOT available at the time of inspection to receive the inspection out-brief. Use the space provided at the bottom of this page to identify the "facility representative" who was briefed on the inspection findings and rating.				
SIGNATURE: Signature on this form represents acknowledgment that the person in charge or designated representative has been briefed on the violations found during the inspection, corrective actions that remain incomplete and the expected timeframe to correct the violations, the final inspection rating, and the date scheduled for follow-up inspection (unsatisfactory/non-compliant inspections only).				
Inspector	Signature		Person in Charge (identified in item 7, above)	Signature
Facility Representative (other than the PIC/Manager)	Print full name		Signature	DATE (YYYYMMDD):

Upload signed form to the appropriate inspection survey in DOEHRS