



School Contact Form and Participation Agreement

Please complete by
October 31 and return to:

Spokane Regional Health District School Health and Safety Program

Email: troeder@srhd.org

Fax: (509) 324-3603

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

General School Information	School Year:			
	School Name or School District:			
	Superintendent/Administrator:			
	Principal (for individual school):			
	Physical Address:			
	Mailing Address:			
	Phone Number:		Fax Number:	
	*Email Address:			
	Water District:			
Primary contact	Name:			
	Title:			
	Mailing Address:			
	Phone Number:		Fax Number:	
	*Email Address:			
Secondary contact	Name:			
	Title:			
	Mailing Address:			
	Phone Number:		Fax Number:	
	*Email Address:			
Billing/invoices to be sent to	Name:			
	Title:			
	Mailing Address:			
	Phone Number:		Fax Number:	
	*Email Address:			

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.



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It is SRHD’s intention to work with schools and school districts to provide them with the opportunity and resources necessary to conduct self-reinspections and comprehensive self-inspections. In return, SRHD requests that participating schools/districts commit to conducting quality, timely self-reinspections and self-inspections, recognizing the responsibilities that accompany this opportunity.

In order to assure that each participating school/district understands and agrees to the terms of the Self-Inspection Program, it is necessary for an authorized representative to read and sign the following agreement:

- **Deadlines.** School self-reinspections and comprehensive self-inspections will be completed and submitted within the time frames established by SRHD. If a school/school district fails to meet the prescribed time line, the school/district will be subject to the late fee established in the Environmental Public Health fee schedule.

If the school/district chooses not to participate or submits an incomplete report, SRHD will require additional submittals or conduct the required inspection. The additional time spent will be charged to the school/school district according to the hourly rate established in the Environmental Public Health fee schedule. Refer to Self-Inspection Worksheet Instructions and FAQs at www.srhd.org/schoolinspection for current fees and time frames.

- **Authority.** It is the school/school district’s responsibility to ensure that those individuals conducting self-reinspections and self- inspections are:
 - Adequately trained to identify and assess health and safety hazards in the areas they are assigned to inspect, and
 - Authorized to initiate corrective action upon identification of a health or safety hazard.
- **Discrepancies.** Inadequate/incomplete self-reinspections or self-inspections or significant discrepancies between SRHD inspections and school/school district self-reinspections or self-inspections may result in elimination of the option to conduct self-reinspections or self-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 to the school/school district and/or eliminate the option to conduct self-reinspections or self- inspections until school/school district staff are adequately trained.

We 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: _____