



Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Bruce Vanderhoff, MD, MBA, Director

EHSIT Monthly Evaluation

Do not submit copies of your monthly evaluations to the Department of Health. Copies are to be maintained in your files and should be made available upon the request of the Director of Health, or the Director's designee.

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|--------------------------------------|--|-------------------------------|------|
| EHSIT Name (Please Print): | | EHSIT Number: | |
| Business Address: | | | |
| City: | | State: | Zip: |
| Business Phone w/ Area Code and Ext: | | E-mail Address: | |
| Supervising EHS Name (Please Print): | | Month and Year of Evaluation: | |

As the designated EHS supervisor for the EHSIT listed above, I hereby certify that the following information is true:

- I was available for consultation on a routine basis.
- I did provide training and technical advice.
- I evaluated the EHSIT's work as it relates to the practice of environmental health at least once a month.

The following are samples of inspections conducted during the month by the EHSIT. Monthly evaluations shall be retained by the supervising EHS for three years after the EHSIT advances or from the last date of employment as an EHSIT if advancement does not occur. Please attach any comments regarding the EHSIT's job performance to this form on a separate sheet of paper.

| | | |
|----|------------------|-------------------------------|
| 1. | Date (mm/dd/yy): | Location and Inspection Type: |
| 2. | Date (mm/dd/yy) | Location and Inspection Type: |
| 3. | Date (mm/dd/yy) | Location and Inspection Type: |
| 4. | Date (mm/dd/yy) | Location and Inspection Type: |
| 5. | Date (mm/dd/yy) | Location and Inspection Type: |

Signature of Supervising EHS

Date

Signature of EHSIT

Date