



Ohio Department of Health Newborn Safety Incubator Attestation of Compliance

Based on personal knowledge and belief, I attest to all of the following:

1. I am the chief operating officer, chief executive officer, or administrator of:

_____ (name of entity)

_____ (street address)

_____ (city/village/town)

2. The newborn safety incubator meets and will continue to meet all applicable statutory and regulatory requirements in section 2151.3532 of the Ohio Revised Code and Chapter 3701-86 of the Ohio Administrative Code.

3. The alarm and door were installed by an entity/person registered on the ODH website www.odh.ohio.gov/newborninstallers; and in compliance with 3701-86-04 of the Ohio Administrative Code.

I further understand that falsifying or materially misrepresenting any information in this Attestation of Compliance will result in enforcement action. I understand that timely notification to the Director of Health is required in the event that the Newborn Safety Incubator is removed from use at this location. I further understand that the Ohio Department of Health has the right to conduct an inspection at any time to validate whether the statements made in this Attestation of Compliance are true.

Signature of authorized representative of the law enforcement agency, hospital, or emergency medical service organization

Signature		Date	
Typed Name	Telephone	E-mail address	

Please return to:

Ohio Department of Health
Bureau of Regulatory Operations
Health Care Services Section
246 North High St.
Columbus, Ohio 43215

Contact Information:

Telephone: 614-466-3325
Fax: 614-564-2480
E-mail: HCSDATA@odh.ohio.gov
<http://www.odh.ohio.gov/newborninstallers>