

REPORT OF BUILDING SAFETY INSPECTION

Of Residential Care Facilities

HMR-MH-LIC-004 4/79

Ohio Department of Mental Health & Mental Retardation
Division of Mental Health

Pursuant to Section 5123.20 O.R.C.

Instructions: Inspector completes four copies and returns them to the Regional Manager of Mental Health at the Regional Office of Mental Health where this form was obtained.

Name & Address of Facility RICHARD. HAYMAN 403 MEEKISON ST. NAPOLEON, OH 43545	Name & Address of Inspecting Agency CITY OF NAPOLEON 255 W. RIVERVIEW NAPOLEON, OH 43545
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County of Facility HENRY	Type of Facility 2 STORY RES.	No. of Residents 2	No. of Clients UP TO 2
To Be Inspected Under Code <input checked="" type="checkbox"/> Chapter BB-53, O.B.C.		<input type="checkbox"/> Chapter BB-57, O.B.C.	
<input checked="" type="checkbox"/> Single Family Residence		<input type="checkbox"/> Other, (specify)	

Corrections to be Made.	Facility: <input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date of Visit 9/17/84
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HOOK UP ~~FURNACE~~ DUCTS TO FURNACE
 NAIL UP WIRING IN BASEMENT
 PROVIDE BOX WHERE SPLICES ARE EVIDENT
 COVER PLATES ON ELECT. OUTLETS

Reasonable Compliance Time: 30 Days

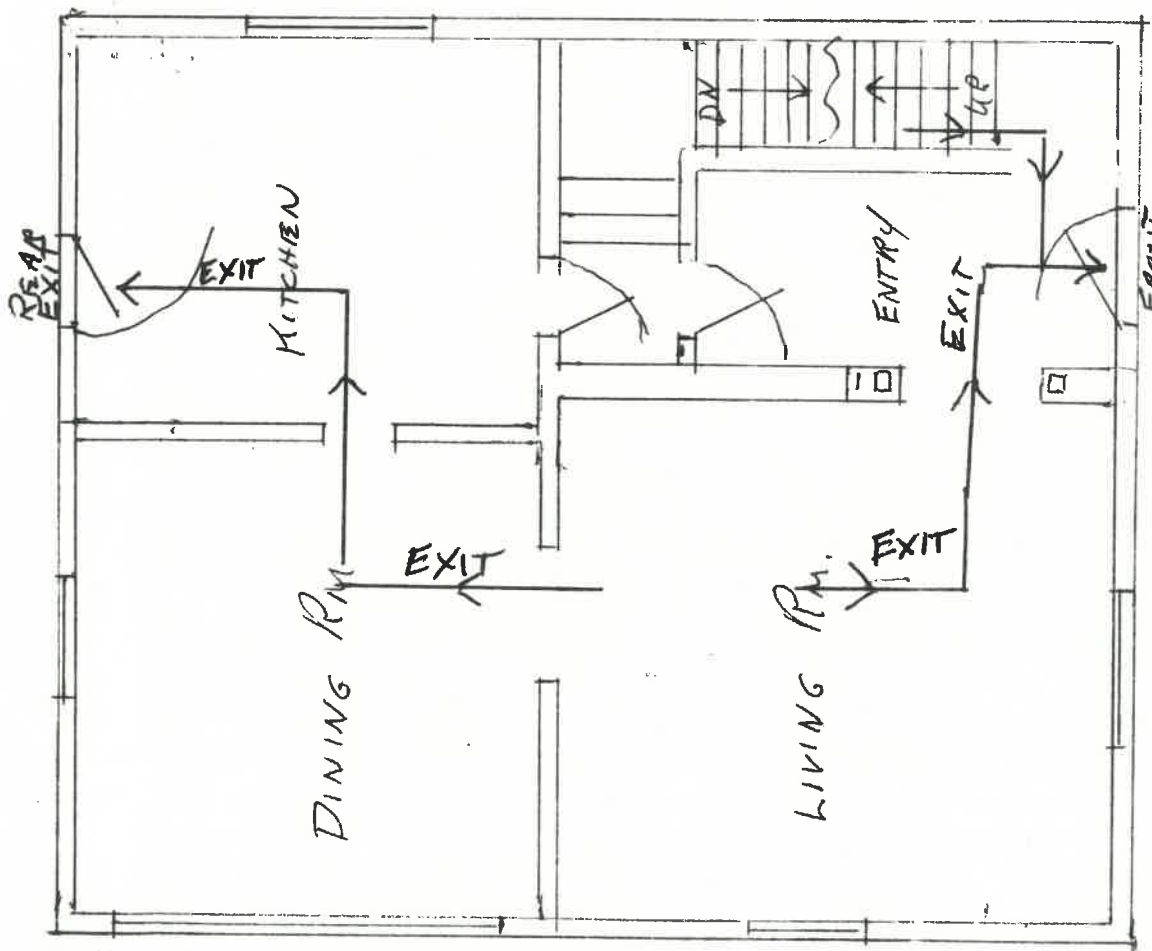
X Von Eric Berlin | 9/17/84
 Signature of Inspecting Agent Date

You are hereby ordered to: Correct any violations by _____, 19____ and forthwith comply or continue to comply, as the case may be, with the occupancy limitations set forth above. If you fail to comply with this order, action to deny or revoke your license will be instituted.

Signature, Regional Manager of Mental Health _____ Date _____

Distribution: Original to facility, one copy to Regional Manager's Office; one copy to Inspection Agency; one copy to Central Office Licensure Section, Division of Mental Health.

REAR



FRONT

PERCH ROOF

