

REPORT OF BUILDING SAFETY INSPECTION

Of Residential Care Facilities

4HMB MH-LIC 004 4/79

Ohio Department of Mental Health & Mental Retardation

Division of Mental Health

Pursuant to Section 5123.20 O.B.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 YEAGER STREET Home 211 YEAGER NAPOLKRON, OHIO	Name & Address of Inspecting Agency CITY OF NAPOLKRON 255 W. RIVERVIEW
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County of Facility HENRY	Type of Facility RES. BOARDING HOUSE	No. of Residents 2	No. of Clients 5
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To Be Inspected Under Code
 Chapter BB-53, O.B.C.
 Chapter BB-57, O.B.C.
 Single Family Residence
 Other, (specify) _____

Corrections to be Made: Facility: Approved Disapproved Date of Visit: 5/1/84

AFCI receptacles were not in at time of inspection. Electrician is waiting for delivery. Furnace, Electrical & Plumbing checked in good condition. Smoke detectors installed. Facility approved for occupancy.

Reasonable Compliance Time: _____ Days X Richard D. Johnson | 5/1/84
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