

JOB CORPS ENVIRONMENTAL HEALTH PROGRAM
INSPECTION OF RESIDENTIAL AND EDUCATIONAL FACILITIES

Job Corp
Center Name

[Signature]
Center Director

4670 Eureka Dr. Manhattan, KS 66503
Center Address

QTR 3 NOV 2017 0800 -
Year/Quarter (for example, 2008/1 QTR)

Fy 2018

Section I. All Residential and Educational Facilities

ITEM	WT.	COMMENTS
STRUCTURAL INTEGRITY		
Floors: clean, cleanable, in good repair	1	
Walls and ceilings: clean, paint in good condition, cleanable	1	
* Foundation structurally sound; no water leaks or flooding; walls and ceilings intact	3	
* Windows and doors not broken; open and close as designed	3	
GENERAL HEALTH AND SAFETY		
* No evidence of vermin	3	
Ventilation adequate, no odors or moisture	2	
Cleaning supplies, mops, brooms properly stored	1	
Carpets and floor coverings securely fastened	1	
Windows, sills, curtains, screens, shades: clean and in good repair	1	
Lighting adequate, fixtures clean	1	
Water fountains clean and working properly	2	
* First aid kits are stocked and conveniently located	3	
Material Safety Data Sheets (MSDS) are maintained and conveniently located	2	
FIRE AND ELECTRICAL SAFETY		
Fire extinguishers accessible, charged	2	
* Fire escapes accessible, marked, unlocked; periodic fire drills conducted	4	
* Evacuation route maps posted; no smoking signs posted; designated smoking areas marked	3	
* Flammable liquids, oily rags and waste properly stored; no fire hazards	4	
* Alarm system functioning properly; exit signs illuminated; smoke detectors working properly	4	
Emergency lighting functioning properly	2	
18" clearance maintained between sprinkler heads and stored items	2	
* Electrical installations adequate	4	
GFCIs functioning properly	2	
BATHROOMS (Common and Individual)		
* Toilets: adequate in number, in good repair, clean, toilet paper available	3	
* Showers and tubs: in good repair, hot and cold water, clean, mildew free	3	
* Sinks: clean, in good repair, hot and cold water, soap available	3	
Adequate ventilation, no odors or moisture	2	
Plumbing installations and drains adequate	2	
Rubbish containers: provided, adequate, clean, emptied daily	2	

Section I Score:

66 / 66

Section II. Dormitories

DORMITORIES		
ITEM	WT.	COMMENTS
* Only approved electrical appliances are used in dorm rooms	3	
Lockers and clothing storage adequate, clean, and in good repair	2	
Soiled linen: properly stored and handled	2	
* Beds: clean, in good repair, free of vermin	4	
Blankets and linens clean and dust-free	2	
Mattress covers in use, clean	1	
Laundry room equipment functioning properly; clothes dryers vented and lint traps cleaned regularly	2	
Washers and dryers grounded; GFCIs functioning properly	2	

Section III. Educational, Training, and Administrative Facilities

EDUCATIONAL, TRAINING, AND ADMINISTRATIVE FACILITIES		
ITEM	WT.	COMMENTS
Classrooms clean and orderly	2	
Floors kept relatively clean and dry, no slip/ trip hazards present	2	
* Work areas are adequately ventilated for specific tasks performed	3	
* Protective equipment and clothing worn by students and staff, maintained, and stored properly	4	
* Power equipment in good repair, properly adjusted safety guards, electrical cords not damaged	4	
Welding and blow torches used in approved, restricted, well-ventilated area	3	
Safety rules posted in conspicuous location	2	
* Students are adequately supervised	4	
Emergency eyewash/showers inspected and flushed regularly; functioning properly	2	

Section IV. Wellness Center

WELLNESS CENTER		
ITEM	WT.	COMMENTS
Examining rooms private, separate from reception area, clean, adequate space	2	
Adequate storage space, medical supplies in locked closet or cabinet	2	
* Medications are labeled, kept in locked storage	3	
Communicable disease patients in isolation rooms equipped with bathrooms and showers	2	
Medical equipment properly inspected and maintained	2	
Warning signs and labels appropriately displayed	2	
* Hazardous materials, medical waste, and sharps properly labeled, stored, and disposed of	3	

Section II, III, IV Score:

60 / 60

Section V. Recreational Facilities

Nil Pool

SWIMMING POOL		
ITEM	WT.	COMMENTS
* Adequate chlorine residual	4	
Adequate pH	2	
* Bacteriological tests made monthly; no bacteriological violations	4	
Filtration equipment in good repair and cleaned routinely	1	
* Pool's sides clean, bottom of pool clearly visible	4	
Pool deck clean and in good repair	2	
* Adequate lifesaving apparatus available and accessible	4	
One person designated as in charge of pool maintenance	1	
Records kept on use of chemicals	2	
GYMNASIUM		
Lights adequately protected from breakage	3	
Courts free of obstructions on their surfaces, around edges, and overhead	2	
Court floors have a smooth finish and are free of splinters, warping, slippery substances	2	
Basketball goals and surrounding walls are adequately padded; goals are sufficiently supported	2	
Bleachers or other seating inspected as required; safe	3	
LOCKER ROOM/SHOWERS		
Shower rooms and locker rooms kept neat, clean, and free of slipping or tripping hazards	2	
Floor surfaces in and immediately outside shower rooms made of non-slip or abrasive material to permit good footing	1	
Floor drains not clogged, no standing water	1	
Adequate storage space; lockable	1	
Adequate ventilation and lighting	2	
WEIGHT ROOMS/FITNESS CENTERS		
Weight machines and fitness equipment in good repair; surfaces intact and cleanable	2	
Operating instructions and suggested warm-up exercises prominently displayed	2	
Weights and equipment properly stored when not in use	1	
Adequate spacing exists between machines and equipment	2	

Section V Score:

50 / 50

Section VI. Child Care Facilities

CHILD CARE FACILITIES		
ITEM	WT.	COMMENTS
Gates, doors, and windows are protected, closed, or locked as necessary	2	
Electrical outlets accessible to children are protected with caps/covers	1	
Door and cabinet hardware in child activity spaces and children's bathrooms is operable from either side	1	
Exit door hardware in child activity spaces is located above the reach of children	1	
* Storage area containing cleaning products and other chemicals kept locked; such materials are not in rooms occupied by children. Flammable, caustic, poisonous materials are not stored on the premises	4	
Pest control operations are approved, inspected, and documented by the safety officer	1	
Furniture in crib rooms is arranged in a way that facilitates egress	1	
Crib rooms have at least one exterior exit with an inclined ramp for emergency evacuation of wheeled cribs; exit is maintained and clear of obstacles	2	
Outdoor play areas are maintained and free of hazards; playground equipment is in good repair	2	
Smoking is not permitted in outdoor play areas	1	
Daily inspections of child care facilities and outdoor play areas are conducted and documented	1	
Daily attendance records are maintained by child care staff and kept readily available for conducting "head counts" of evacuees outside the building in the event of a fire or other emergency	2	
* First aid kits are fully stocked and conveniently located but stored out of reach of children	3	
Emergency instructions and telephone numbers of medical, ambulance, fire, and police services are conspicuously placed near all facility telephones	2	

Section VI Score: 24/24

Total Score*: 200/200

The items circled above are violations found on this date and must be corrected by next inspection or earlier.

*Critical items requiring immediate corrective action by Center Director

+A score less than 200 requires follow-up correspondence from the Center Director to the National Office of Job Corps and Regional Office with this inspection report detailing necessary corrective action and proposed schedule for completion.

Inspection Date: 3 NOV 2017 Inspected By: [Signature]

Agency or Company: NEPPAC DPH-EM FT Riley 1CS66442

I, the Center Director or designee, have received a copy of this report and understand its contents.

[Signature] SIGNED C.S. TITLE

FORWARD SCANNED FORM AND CORRECTIVE ACTION WITHIN 7 DAYS OF INSPECTION TO:

U.S. Department of Labor/Office of Job Corps
E-mail: safety@labcorps.org

JOB CORPS ENVIRONMENTAL HEALTH PROGRAM
INSPECTION OF FOOD SERVICE FACILITIES

Job Corp
Center Name

4620 Eureka Dr. Manhattan, KS
Center Address 66503

K
Center Director

1st Qtr Year/Quarter (for example, 2008/1 QTR)

Nov 3 2017 0800-
FY 2018

ITEM	WT.	COMMENTS
FOOD		
* 1. Sources, sound condition, no spoilage, milk pasteurized, meats are USDA approved	5	
2. Original container or approved dispenser, properly labeled	1	
FOOD PROTECTION		
* 3. Potentially hazardous food meets temperature requirements during storage, preparation, display, service, transport	5	
* 4. Proper facilities to maintain product temperature	4	
5. Thermometers provided and conspicuous	1	
6. Potentially hazardous food properly thawed	2	
7. Unwrapped and potentially hazardous food not reserved	3	
8. Food properly protected during storage, preparation, display, service, transportation	2	
9. Handling of food and ice minimized	2	
10. In use, food and ice dispensing utensils properly stored	1	
11. Fruits and vegetables washed	1	
PERSONNEL		
*12. Personnel with infections restricted	5	
13. Persons with hepatitis excluded for 45 days after symptoms	2	
14. Personnel have local food handlers certificates if required	1	
*15. Hands washed and clean, good hygienic practices	4	
16. Clothes clean, hair restrained	1	
FOOD EQUIPMENT AND UTENSILS		
17. Food contact surfaces: adequately designed, constructed, maintained, installed, located	2	
18. Non-food contact surfaces: adequately designed, constructed, maintained, installed, located	1	
19. Dishwashing facilities properly designed, constructed, maintained, installed, operated	2	
20. Accurate thermometers or chemical test kits provided, gauge cocks provided	2	
21. Dishes and utensils pre-flushed, scraped, soaked	1	
22. Wash, rinse water: clean, proper temperature	2	
*23. Sanitizing rinse: clean, appropriate temperature, concentration, exposure time. Equipment, utensils sanitized	5	
24. Wiping cloths: clean, stored, restricted in use	1	
25. Food contact surfaces of equipment, utensils clean, free of abrasives, detergent	4	
26. Non-food contact surfaces of equipment, utensils clean	1	
27. Satisfactory storage, handling of clean utensils, equipment	1	
28. Single-service articles: non-toxic, properly stored, dispensed, handled, in use when dishwashing facilities are not operating	1	
29. No reuse of single service articles	1	

ITEM	WT.	COMMENTS
WATER		
*30. Water source safe, hot and cold under pressure	5	
PLUMBING		
31. Properly installed, maintained, non-potable piping identified	1	
*32. No back siphonage, cross-connection, backflow	4	
TOILET AND HANDWASHING FACILITIES		
*33. Adequate number, convenient, accessible, properly designed, installed	3	
*34. Toilet rooms enclosed, self-closing doors, fixtures in good repair, clean. Hand cleanser, hand drying device, soap, toilet tissues, waste receptacles provided. Adequate ventilation	3	
GARBAGE AND REFUSE DISPOSAL		
35. Containers covered, adequate number, insect/rodent proof, clean, removal frequent	2	
36. Outside storage area enclosures properly constructed, clean, controlled incineration	1	
INSECT, RODENT, ANIMAL CONTROL		
*37. No insects, rodents. Outer openings protected. No birds, turtles, other animals	4	
FLOORS, WALLS, CEILINGS		
38. Floors: properly constructed, drained, clean, good repair, covering installation, dustless cleaning	1	
39. Walls, ceilings, attached equipment: properly constructed, good repair, clean surfaces, dustless cleaning methods	1	
LIGHTING		
40. Lighting provided as required, fixtures shielded	1	
VENTILATION		
41. Rooms and equipment vented as required; no odors, steam	1	
OTHER		
42. Dressing rooms clean, lockers provided, facilities conveniently located and used	1	
*43. Necessary toxic items properly stored, labeled, used	5	
44. Premises maintained, free of litter, unnecessary articles. Cleaning/maintenance equipment properly stored. No unauthorized persons	1	
45. Complete separation from living/sleeping quarters, laundry	1	
46. Clean, soiled linen properly stored	1	

Total Score⁺: 100 / 100

The items circled above are violations found on this date and must be corrected by next inspection or earlier.

*Critical items requiring immediate corrective action by Center Director

+A score less than 100 requires follow-up correspondence from the Center Director to the National Office of Job Corps and Regional Office with this inspection report detailing necessary corrective action and proposed schedule for completion.

Inspection Date: 3 NOV 2017

Inspected By: [Signature] [Signature] [Signature]

Agency or Company: MEDDAC DPA-ETH PT Riley KS 66492

I, the Center Director or designee, have received a copy of this report and understand its contents.

[Signature] [Signature]
 SIGNED TITLE

FORWARD SCANNED FORM AND CORRECTIVE ACTION WITHIN 7 DAYS OF INSPECTION TO:

U.S. Department of Labor/Office of Job Corps
 E-mail: safety@jobcorps.org

OJC 6-36
 June 2008

JOB CORPS ENVIRONMENTAL HEALTH PROGRAM
INSPECTION OF WATER SUPPLY FACILITIES

Center Name _____

Center Director _____

Center Address _____

Year/Quarter (for example, 2008/1 QTR) _____

This inspection report is not required of centers utilizing a state-approved municipal supply. Indicate nature of facilities by checking below all that apply:

√ WATER INTAKE

√ WATER TREATMENT

1. <input type="checkbox"/> Well	5. <input type="checkbox"/> Screens	9. <input type="checkbox"/> Chlorination
2. <input type="checkbox"/> Infiltration gallery	6. <input type="checkbox"/> Settling	10. <input type="checkbox"/> Activated carbon
3. <input type="checkbox"/> Spring collection box	7. <input type="checkbox"/> Coagulation with chemicals	11. <input type="checkbox"/> No treatment
4. <input type="checkbox"/> Surface water intake, lake, stream, or reservoir	8. <input type="checkbox"/> Filtration	12. <input type="checkbox"/> Other (Explain)

ITEM	WT.	COMMENTS
WATER SOURCE		
13. Raw water source has no known sources of pollution	4	
WATER COLLECTION FACILITY		
14. Sanitary construction and closed to insects and animals	4	
15. Protected from surface wash and flooding	4	
16. Pumping equipment of water-tight construction	4	
CHLORINATION FACILITY		
17. Completely enclosed, locked, clean, and in good repair	2	
18. Approved automatic chlorinator with gas mask (for gaseous system)	2	
*19. Checked daily for proper operation	5	
20. Free chlorination residuals measured daily, and daily log of chlorine residuals kept	4	
21. Chlorine residual on day of inspection adequate	4	
COAGULATION AND SETTLING		
22. Records kept on daily use of chemicals	3	
23. Unit operating efficiently	2	
24. Settled sludge disposed of in approved manner	1	
FILTRATION		
25. Unit cleaned regularly and in good repair	2	
PLUMBING		
26. Non-potable water piping identified	3	
*27. No cross connections or back-siphonage possible	5	
28. Adequate pressure of 20 psi under maximum draft conditions at outlets	2	
29. No leakage or possible contamination in distribution system	3	
BACTERIOLOGICAL EXAMINATION		
*30. Frequency of bacteriological testing at least monthly	7	
*31. Meets bacteriological requirement	9	
PHYSICAL TEST		
32. Color less than limit of 15 units	3	
*33. Turbidity less than limit of 1 unit	5	
*34. Finished water meets EPA standards for all chemicals and parameters	10	
35. Adequate chlorine in the distribution system	5	
STORAGE		
36. Capable of holding one day's consumption plus emergency needs	4	
37. Condition good; water-tight construction	3	

Total Score⁺: / 100

The items circled above are violations found on this date and must be corrected by next inspection or earlier.

*Critical items requiring immediate corrective action by Center Director

+A score less than 100 requires follow-up correspondence from the Center Director to the National Office of Job Corps and Regional Office with this inspection report detailing necessary corrective action and proposed schedule for completion.

Inspection Date: _____

Inspected By: _____

Agency or Company: _____

I, the Center Director or designee, have received a copy of this report and understand its contents.

SIGNED _____

TITLE _____

FORWARD SCANNED FORM AND CORRECTIVE ACTION WITHIN 7 DAYS OF INSPECTION TO:

U.S. Department of Labor/Office of Job Corps
E-mail: safety@jobcorps.org

OJC 6-38
June 2008

**JOB CORPS ENVIRONMENTAL HEALTH PROGRAM
INSPECTION OF WASTEWATER TREATMENT FACILITIES**

Center Name _____

Center Director _____

Center Address _____

Year/Quarter (for example, 2008/1 QTR) _____

This inspection report is not required of centers utilizing a state-approved municipal supply. Indicate nature of facilities by checking below all that apply:

1. Septic tank and drainfield
 2. Oxidation pond or nonaerated lagoon
 3. Mechanical aerated lagoon
 4. Evapotranspiration system
 5. Primary settling
 6. Trickling filter

7. Activated sludge
 8. Coagulation - flocculation
 9. Phosphorous removal
 10. Filtration
 11. Disinfection - chlorine or other
 12. Land treatment
 13. Other (specify) _____

ITEM	WT.	ITEM																		
OPERATION																				
*14. All units operating satisfactorily (discuss specific violations below)	10	28. Provide the following information. If not available or not measured, please indicate. (This item has zero weight.) Extreme and average effluent BOD recorded during the last 3 months. <table border="0"> <tr> <td><u>Minimum</u></td> <td><u>Average</u></td> <td><u>Maximum</u></td> </tr> <tr> <td>_____ mg/L</td> <td>_____ mg/L</td> <td>_____ mg/L</td> </tr> <tr> <td>_____ Date</td> <td>_____ Date</td> <td>_____ Date</td> </tr> </table> Extreme and average effluent suspended solids recorded during the last 3 months. <table border="0"> <tr> <td><u>Minimum</u></td> <td><u>Average</u></td> <td><u>Maximum</u></td> </tr> <tr> <td>_____ mg/L</td> <td>_____ mg/L</td> <td>_____ mg/L</td> </tr> <tr> <td>_____ Date</td> <td>_____ Date</td> <td>_____ Date</td> </tr> </table>	<u>Minimum</u>	<u>Average</u>	<u>Maximum</u>	_____ mg/L	_____ mg/L	_____ mg/L	_____ Date	_____ Date	_____ Date	<u>Minimum</u>	<u>Average</u>	<u>Maximum</u>	_____ mg/L	_____ mg/L	_____ mg/L	_____ Date	_____ Date	_____ Date
<u>Minimum</u>	<u>Average</u>		<u>Maximum</u>																	
_____ mg/L	_____ mg/L		_____ mg/L																	
_____ Date	_____ Date		_____ Date																	
<u>Minimum</u>	<u>Average</u>		<u>Maximum</u>																	
_____ mg/L	_____ mg/L		_____ mg/L																	
_____ Date	_____ Date		_____ Date																	
15. Operator checks facility daily and has necessary certification	7																			
16. Equipment in good repair	5																			
*17. All units enclosed by fence	8																			
18. Control of weed growth; no sludge deposit or build-up	3																			
19. Sludge disposed of in approved manner	3																			
20. No insect breeding, odors, or other nuisance	3																			
21. Operation logs maintained daily with all chemical usage recorded	5																			
EFFLUENT	15																			
*22. Effluent meets discharge permit standards+		29. Provide the following information. (This item has no weight.) a. Name of operator in charge: _____ b. Laboratory or individual conducting effluent testing: _____ c. Permit effluent standards+ BOD- SS- Coliform- Other-																		
23. All effluent parameters measured and recorded as required by discharge permit	7																			
24. Discharge volume recorded daily	5																			
25. Effluent disinfected as required	9																			
SEPTIC TANKS AND DRAINFIELDS																				
26. Septic tank cleaned regularly	5																			
*27. Sewage drainfield operating properly with no liquid breaking through to ground surface	15																			
SCORE^a (100 less total weight of violations)																				

Comments: _____

Items circled above are violations found on this date and must be corrected by next inspection or earlier.
 *Critical items requiring immediate corrective action by Center Director.
 +Standards for discharge of waste into receiving streams are those determined by state authorities in conjunction with the U.S. Environmental Protection Agency (NPDES permit).
^aA score less than 100 requires follow-up correspondence from the Center Director to the National Office of Job Corps and Regional Office with this inspection report detailing necessary corrective action and proposed schedule for completion.

Inspection Date: _____ Inspected By: _____
 Agency or Company: _____

I, the Center Director or designee, have received a copy of this report and understand its contents.

SIGNED _____ TITLE _____

FORWARD SCANNED FORM AND CORRECTIVE ACTION WITHIN 7 DAYS OF INSPECTION TO:

U.S. Department of Labor/Office of Job Corps
 E-mail: safety@lobcorps.org

OJC 6-39
 June 2008

**JOB CORPS ENVIRONMENTAL HEALTH PROGRAM
INSPECTION OF WASTEWATER TREATMENT FACILITIES**

Center Name _____ Center Director _____
 Center Address _____ Year/Quarter (for example, 2008/1 QTR) _____

This inspection report is not required of centers utilizing a state-approved municipal supply. Indicate nature of facilities by checking below all that apply:

- | | |
|---|---|
| 1. <input type="checkbox"/> Septic tank and drainfield | 7. <input type="checkbox"/> Activated sludge |
| 2. <input type="checkbox"/> Oxidation pond or nonaerated lagoon | 8. <input type="checkbox"/> Coagulation - flocculation |
| 3. <input type="checkbox"/> Mechanical aerated lagoon | 9. <input type="checkbox"/> Phosphorous removal |
| 4. <input type="checkbox"/> Evapotranspiration system | 10. <input type="checkbox"/> Filtration |
| 5. <input type="checkbox"/> Primary settling | 11. <input type="checkbox"/> Disinfection - chlorine or other |
| 6. <input type="checkbox"/> Trickling filter | 12. <input type="checkbox"/> Land treatment |
| | 13. <input type="checkbox"/> Other (specify) |

ITEM	WT.	ITEM
OPERATION		
*14. All units operating satisfactorily (discuss specific violations below)	10	28. Provide the following information. If not available or not measured, please indicate. (This item has zero weight.)
15. Operator checks facility daily and has necessary certification	7	Extreme and average effluent BOD recorded during the last 3 months.
16. Equipment in good repair	5	Minimum _____ mg/L Average _____ mg/L Maximum _____ mg/L
*17. All units enclosed by fence	8	_____ Date _____ Date _____ Date
18. Control of weed growth; no sludge deposit or build-up	3	29. Provide the following information. (This item has no weight.)
19. Sludge disposed of in approved manner	3	a. Name of operator in charge: _____
20. No insect breeding, odors, or other nuisance	3	b. Laboratory or individual conducting effluent testing: _____
21. Operation logs maintained daily with all chemical usage recorded	5	c. Permit effluent standards+ BOD- SS- Coliform- Other-
EFFLUENT		
*22. Effluent meets discharge permit standards+	15	
23. All effluent parameters measured and recorded as required by discharge permit	7	
24. Discharge volume recorded daily	5	
25. Effluent disinfected as required	9	
SEPTIC TANKS AND DRAINFIELDS		
26. Septic tank cleaned regularly	5	
*27. Sewage drainfield operating properly with no liquid breaking through to ground surface	15	
SCORE^a (100 less total weight of violations)		

Comments: _____

Items circled above are violations found on this date and must be corrected by next inspection or earlier.
 *Critical items requiring immediate corrective action by Center Director.
 +Standards for discharge of waste into receiving streams are those determined by state authorities in conjunction with the U.S. Environmental Protection Agency (NPDES permit).
^aA score less than 100 requires follow-up correspondence from the Center Director to the National Office of Job Corps and Regional Office with this inspection report detailing necessary corrective action and proposed schedule for completion.

Inspection Date: _____ Inspected By: _____
 Agency or Company: _____

I, the Center Director or designee, have received a copy of this report and understand its contents.

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FORWARD SCANNED FORM AND CORRECTIVE ACTION WITHIN 7 DAYS OF INSPECTION TO:

U.S. Department of Labor/Office of Job Corps
 E-mail: safety@jobcorps.org