

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Environmental and Occupational Health Assessment Program
PO Box 369, Trenton, NJ 08625-0369

Child Care Center - Indoor Environmental Health Assessment
FORM H: ASSESSMENT SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND CORRECTIVE ACTIONS

Facility Name	Street Address	City	County
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Directions: Provide the following information. Use an addition sheet, if necessary.

I. Assessment Summary

Summarize the Assessment Conducted of this Facility/Site

II. Conclusions

Indicate your Conclusions regarding the Assessment Conducted of this Facility/Site

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 (Continued)**

III. Recommendations

Indicate any Recommendations for this Facility/Site

**IV. Corrective Actions
 (Use additional sheets, if necessary)**

Type of Corrective Action	Date Completed	Clearance Methodology (Include copies of sample results)	Location of Corrective Action	Corrective Action Performed by (list name and address of contractor)

Name of Person Completing this Form (print legibly or type)	Title	
Signature	Date	