



School Program – Self-Inspection Participation Agreement

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It is Spokane Regional Health District’s intention to work with schools and school districts and provide them with the opportunity and resources necessary to conduct self-inspections. In return, the Health District requests that participating schools/districts commit to conducting quality, timely self-inspections, recognizing the responsibilities that accompany this opportunity.

In order to assure that each participating school/district understands and agrees to the terms of the self-inspection option, it is necessary for an authorized representative to read and sign the following agreement:

- ◆ School self-inspections will be completed within the time frame established by Spokane Regional Health District. If a school/school district fails to meet the prescribed time line, Spokane Regional Health District will conduct a routine inspection of those schools and will charge the school/school district according to the hourly rate established in the Environmental Health Division fee schedule.
- ◆ It is the school/school district’s responsibility to ensure that those individuals conducting self-inspections are:
 - ◇ adequately trained to identify and assess health and safety hazards in the areas they are assigned to inspect,
 - ◇ authorized to initiate corrective action upon identification of a health or safety hazard.
- ◆ Inadequate/incomplete self-inspections or significant discrepancies between Spokane Regional Health District inspections and school/school district self-inspections may result in elimination of the option to conduct self-inspections, as determined by Spokane Regional Health District.
- ◆ An authorized school/school district representative will attend required training on an annual basis in order to participate in the self-inspection program. Failure to attend the training will eliminate the option to conduct self-inspections for the current and subsequent school year.

We agree to the above terms of the school self-inspection option.

School/District Authorized Representative and Title

Date

School/District

School/District Address

Health District Authorized Representative and Title

Date