

Facility Code: 49-AJ64 Mobile Home Park Name: Brookside MHP Address: Chapin St. Operators' Name: Stephen W. Bull

of Mobile Homes: 32 Name of Operation: Brookside Mobile Home Park Time Began: Time Ended:

Office Code: 49 Operation ID: 308311 Month: 7 Day: 22 Year: 15 LHD/HIN: NYSDOH HCS ID: MGB49 Time spent conducting service: hr hr min min

Service Type: INSPECTION (checked) REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: Total Red Violations Not Corrected: Number of Blue Violations Found: 3 Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS		WATER SERVICE CONNECTION		Notes
<input type="checkbox"/> Anchoring systems installed where required	1	<input type="checkbox"/> Riser pipe properly sized, installed, maintained	22	
<input type="checkbox"/> Disposal of all sewage & other liquid wastes	2	<input type="checkbox"/> Unconnected riser pipes properly sealed	23	
<input type="checkbox"/> Feeder assembly properly installed, maintained	3	Tenant responsible - riser pipe maintenance <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> Service equipment properly installed, maintained	4	SEWAGE		
<input type="checkbox"/> Park wiring properly installed, maintained	5	<input type="checkbox"/> Sewage system construction & maintenance	24	
GENERAL		<input type="checkbox"/> Valid SPDES permit & compliance	25	29. Letter to park owner to be sent with inspection report.
<input type="checkbox"/> Valid permit to operate	6	<input type="checkbox"/> Sewer/riser properly sized, installed, maintained	26	
<input type="checkbox"/> Notice of construction; permits if required	7	<input type="checkbox"/> Unconnected riser pipes properly sealed	27	
<input type="checkbox"/> Grounds and common use spaces clean	8	<input type="checkbox"/> Connecting pipe properly sized installed, maintained	28	
<input checked="" type="checkbox"/> General supervision and maintenance	9	Tenant responsible - connecting pipe maintenance <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> Responsible person in charge & available	10	OTHER UTILITIES		
<input checked="" type="checkbox"/> Vehicle/Pedestrian traffic control; emergency vehicle access	11	<input type="checkbox"/> Other utilities properly installed, maintained	29	
<input type="checkbox"/> Refuse storage & disposal	12	Tenant responsible - maintenance of connection <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> Insect and rodent control; harborage	13	OCCUPANT RESPONSIBILITIES		
<input type="checkbox"/> Noxious weed control	14	<input type="checkbox"/> Maintenance, storage, transporting of refuse	30	
<input type="checkbox"/> Storage & handling of toxic materials	15	<input type="checkbox"/> Insect and rodent control; harborage	31	
<input checked="" type="checkbox"/> Sites properly sized & developed	16	<input type="checkbox"/> Noxious weed control	32	
MOBILE HOME STANDS		<input type="checkbox"/> Storage & handling of toxic materials	33	
<input type="checkbox"/> Provide adequate support for placement/anchoring	17	<input type="checkbox"/> Maintenance of utilities under written agreement	34	
<input type="checkbox"/> Adequate drainage	18	WATER SUPPLY		
FIRE SAFETY		<input type="checkbox"/> On-site potable water source	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<input type="checkbox"/> Park owned bldgs.; compliance with applicable codes	19	<input type="checkbox"/> Complete and attach DOH-4234	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<input type="checkbox"/> Mobile Homes meet applicable construction standards	20			
<input checked="" type="checkbox"/> Separation distances adequate	21			

Inspection By (Signature): Melissa [Signature] Date: 7/24/10 Report Received By (Signature): TO BE MAILED Date: Print Name: