# EHMIS
## (Environmental Health Management Information System)

# GUI SYSTEM
## (GRAPHICAL USER INTERFACE)

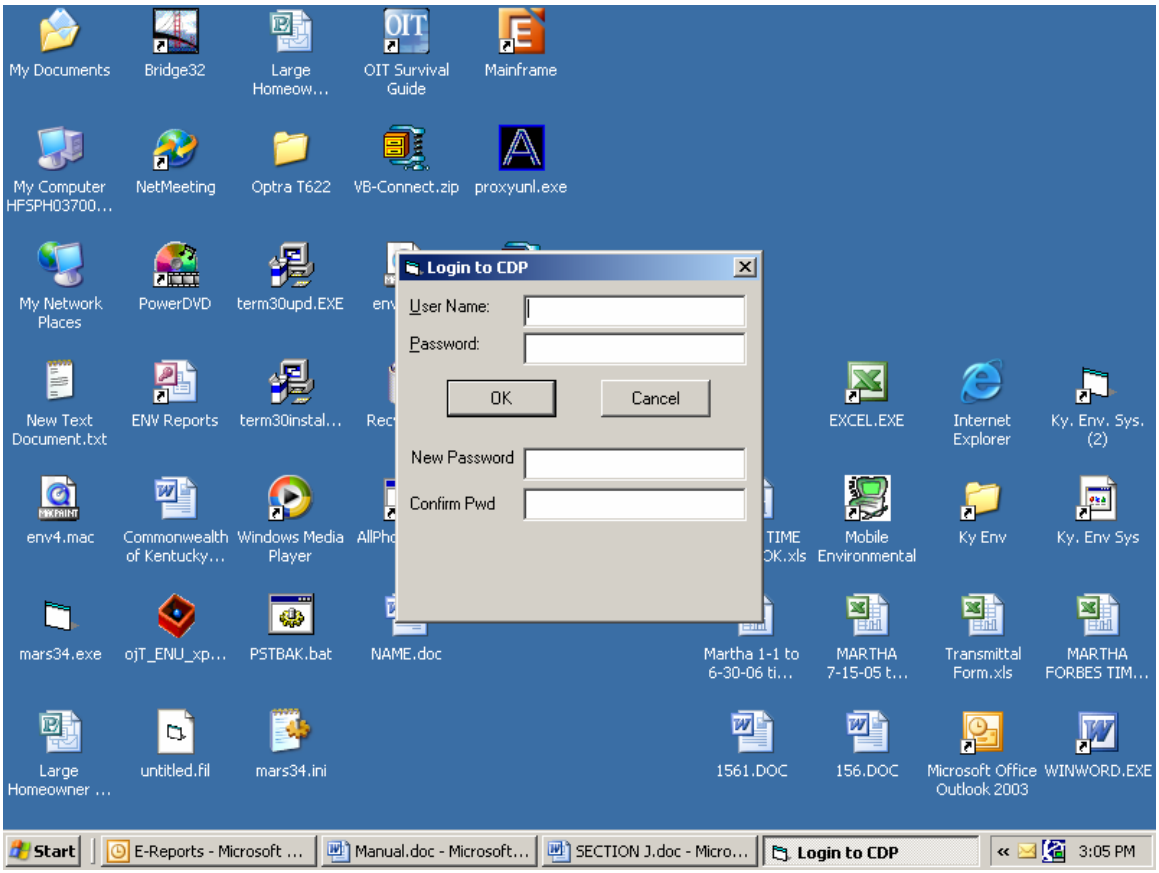
CUSTOM DATA PROCESSING

March 2008

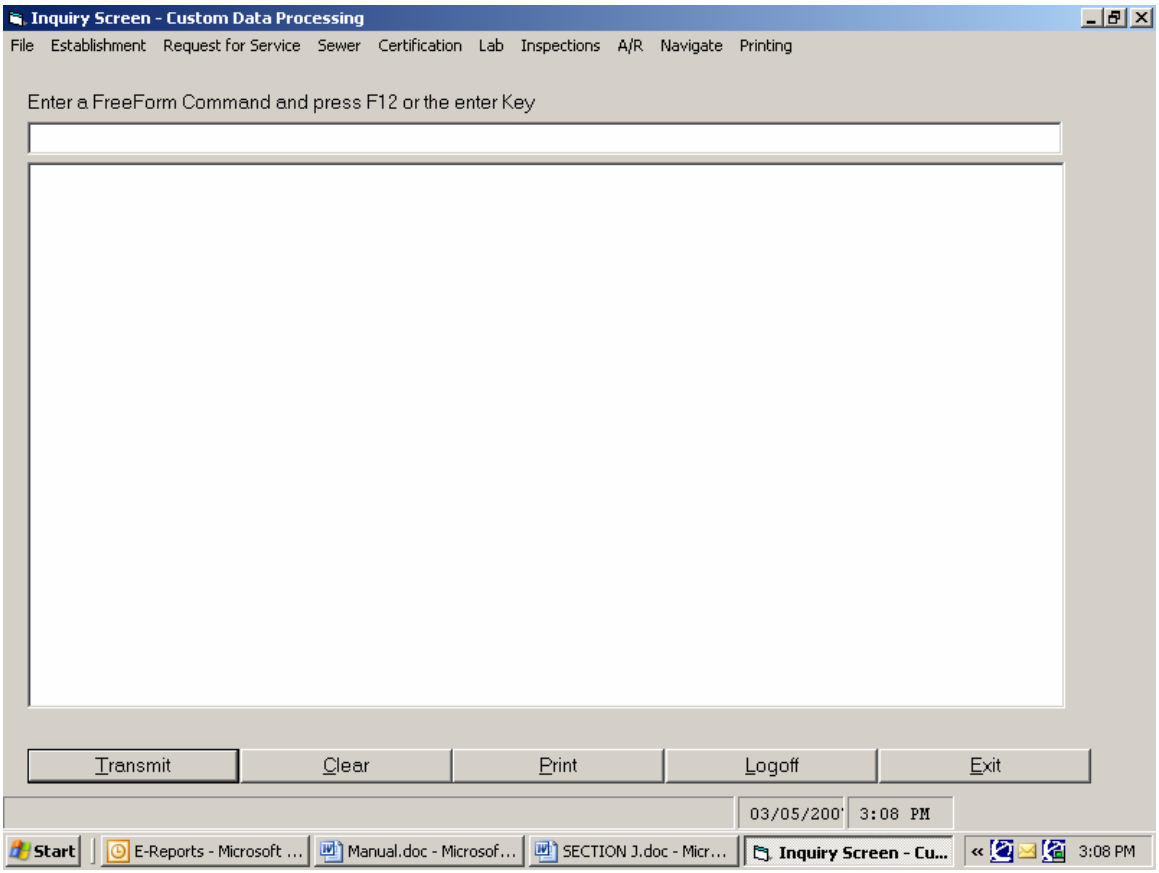
# HOW TO GET STARTED

Security will be administered by the Security Officer of the Division Public Health Protection and Safety. Division of Local Health Department Operations, Department For Public Health . The Security Officer must assign security ID's to all users of the Network prior to this procedures effective date. The Security Officer may be reached at 502/564-7213 or terminal 2168.

SIGNING ON –

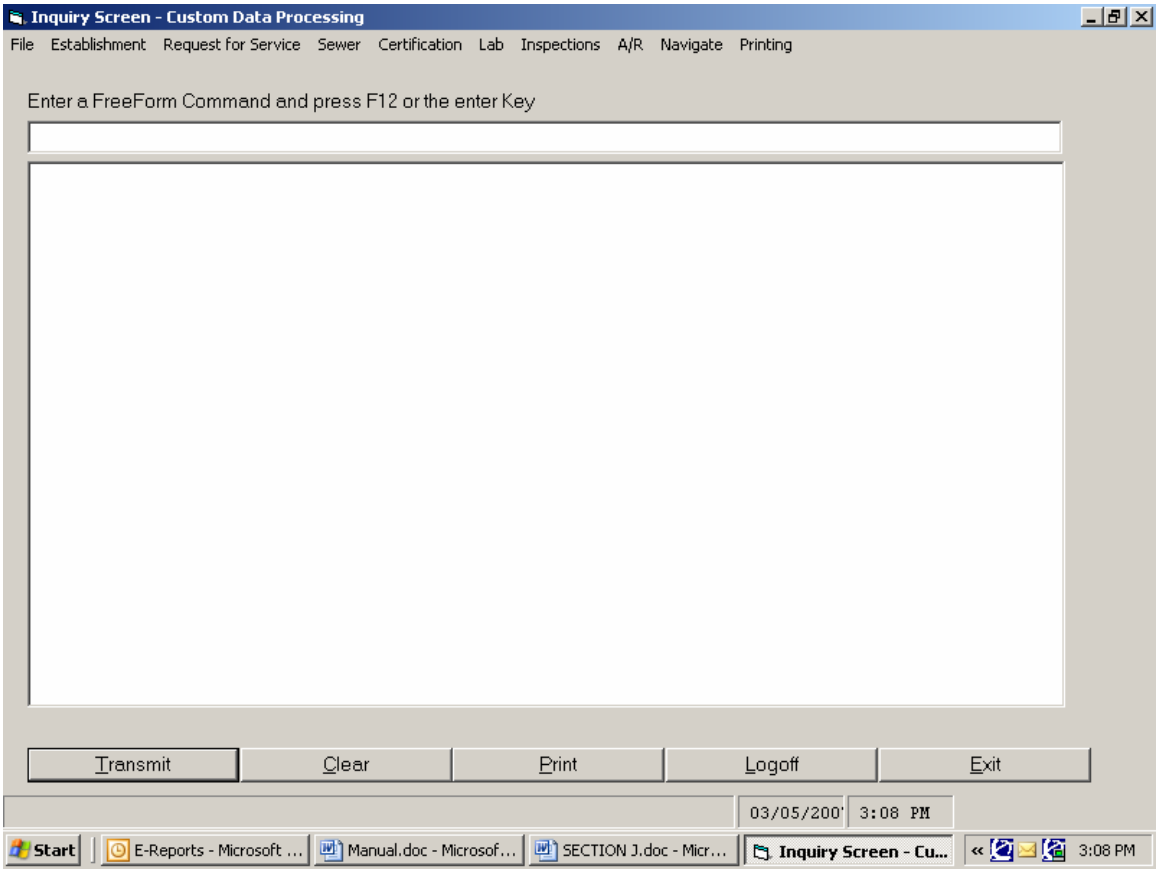



| | | |
|---|---|---|
| Step 1 | USER NAME | KY # |
| Step 2 | PASSWORD | ##Letter## |

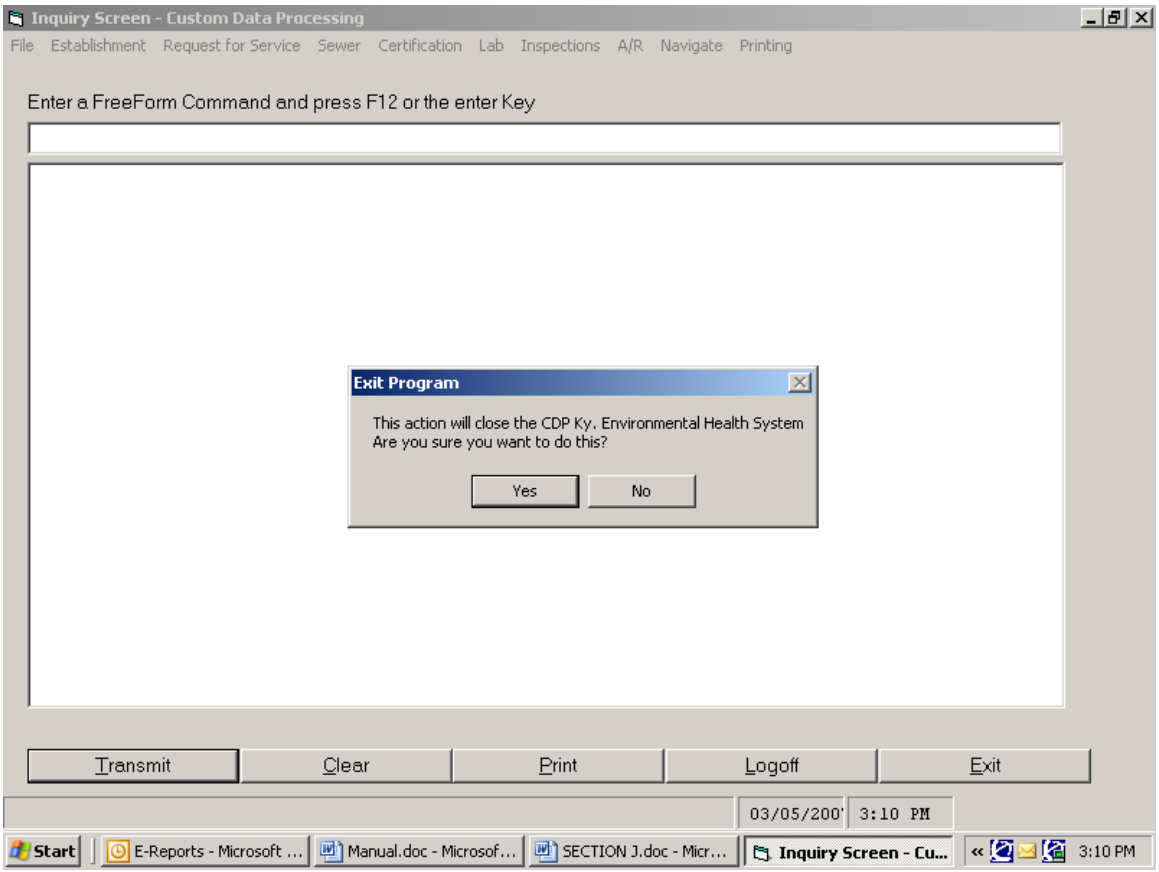



**THIS SCREEN WILL POP UP AFTER LOGIN IS COMPLETED.**

# SIGNING OFF




## STEP 1 HIT "X" IN TOP RIGHT HAND CORNER




# STEP 2 HIT YES AND CLOSE OUT

# SECTION A

# TABLES, SITES, AND QUICK COMMAND REFERENCE

This section deals with the creation of Tables and Sites such as Reporting Areas, Establishment Types, Sanitarian Files, and Health Department Files.

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## **SCREENS**

(Below References Screen E9 must be accessed through "FreeForm" inquiry Line).

Screen E9 – Environmental Health Maintenance Menu

This Command is used to select all screen used in setting up tables and sites. Call up this screen by entering E9 on "FreeForm Line" on GUI Inquiry Screen.

Selection 1 – Client Maintenance

This screen is used to set up and/or change the Client File. Only Custom Data Processing, Inc (CDP), can create or update the Client File.

Selection 2 – Health Department Maintenance

This screen is used to set up and change the Health Department File. This screen is maintained by each local health department. (**THIS IS THE OPTION YOU CHOOSE TO CHANGE PROCESSING MONTH FOR A/R ENTRY).**

Selection 3 – Table Maintenance Area/Type of Establishment

This screen is used to set up and change the Reporting Areas and the Establishment Types. The Division of Public Health Protection and Safety Designee can only update this screen.

Selection 4 – Violation Table Maintenance

This screen is used to set up or revise Violation Table for each Reporting Area. This screen can only be updated by the Division Public Health Protection and Safety Designee.

Selection 5 – Sanitarian Maintenance

This screen is used to set up, change , or delete a Sanitarian. The Sanitarian File is maintained by each local health department.

Selection 6 – Inspection Types Maintenance

This screen is used to set up, change, or delete an Inspection Type. This screen can only be updated by the Division Public Health Protection and Safety Designee.

Selection 7 – Action Code Maintenance

This screen is used to set up, change, or delete an Action Code. This screen can only be updated by the Division of Public Health Protection and Safety Designee.

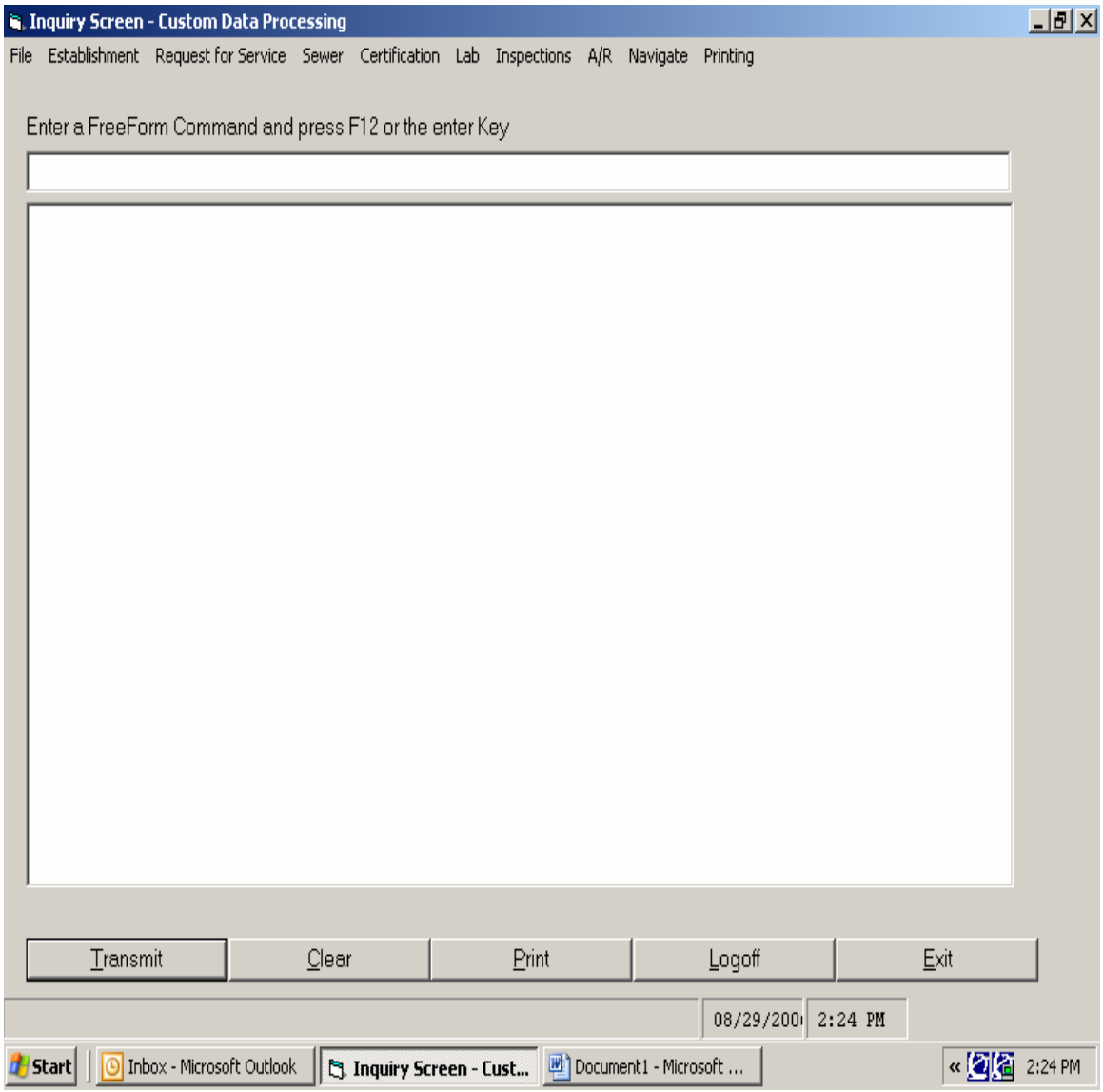
Selection 8 – Group ID Maintenance

This screen is used to set up, change, or delete a Group ID. The Division of Public Health Protection and Safety Designee can only update this screen.

Selection 9 – Grade Code Maintenance

This screen is used to set up, change, or delete a Grade Code. The Division of Public Health Protection and Safety Designee can only update this screen.

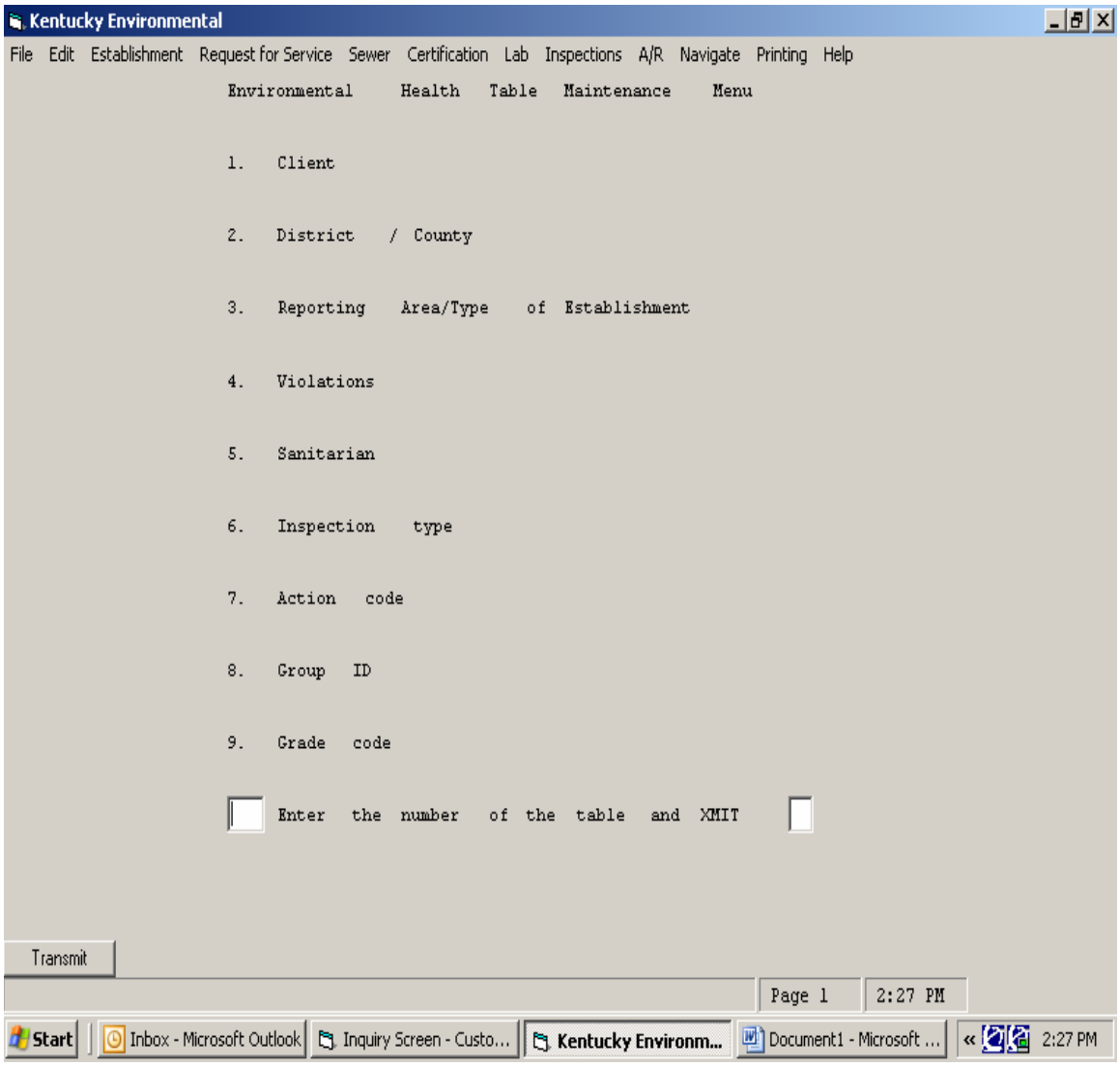
# INQUIRY SCREEN




ENTER E9 ON “FREEFORM” LINE AND TRANSMIT

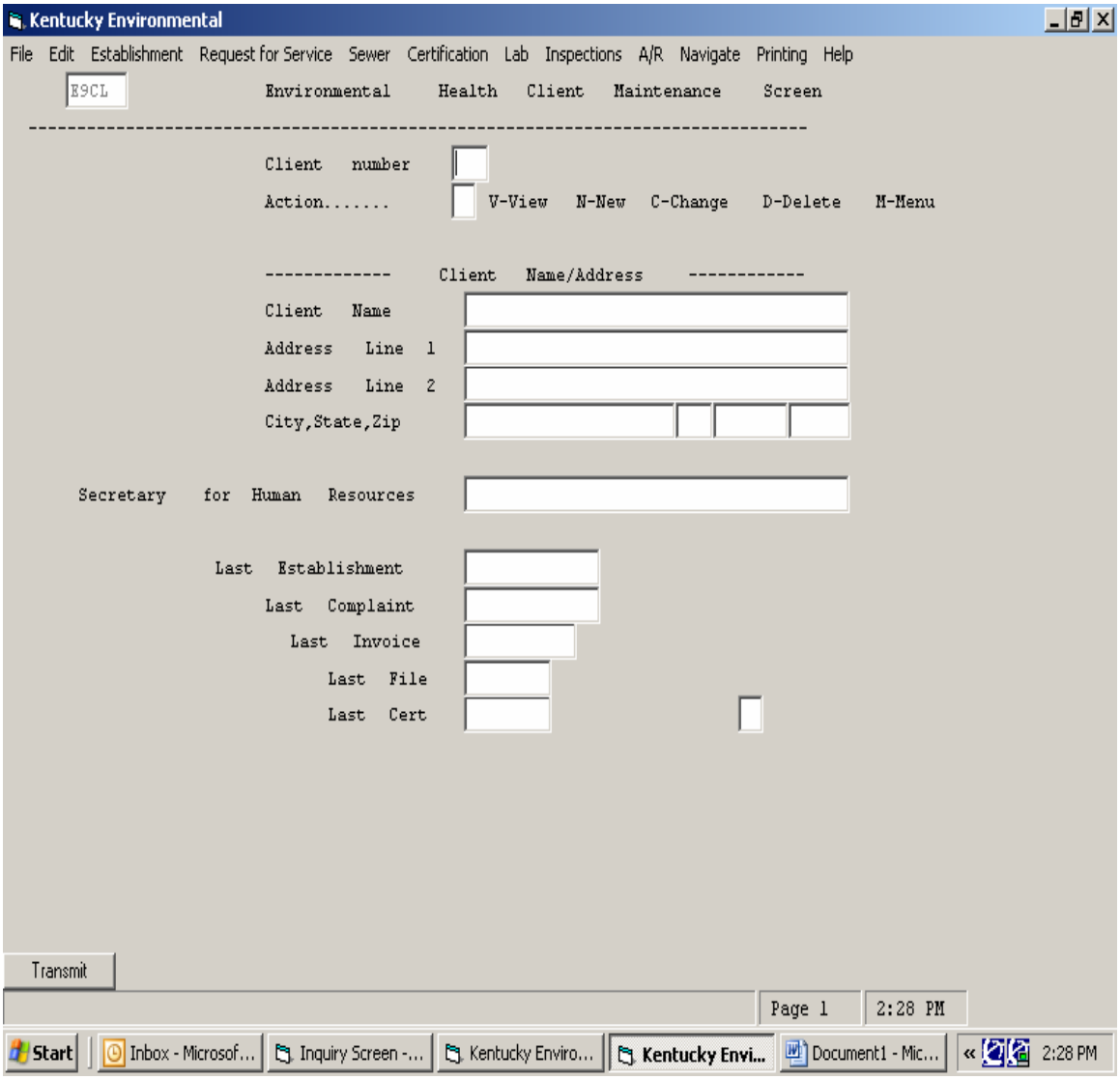
# SCREEN E9

# ENVIRONMENTAL HEALTH MAINTENANCE MENU



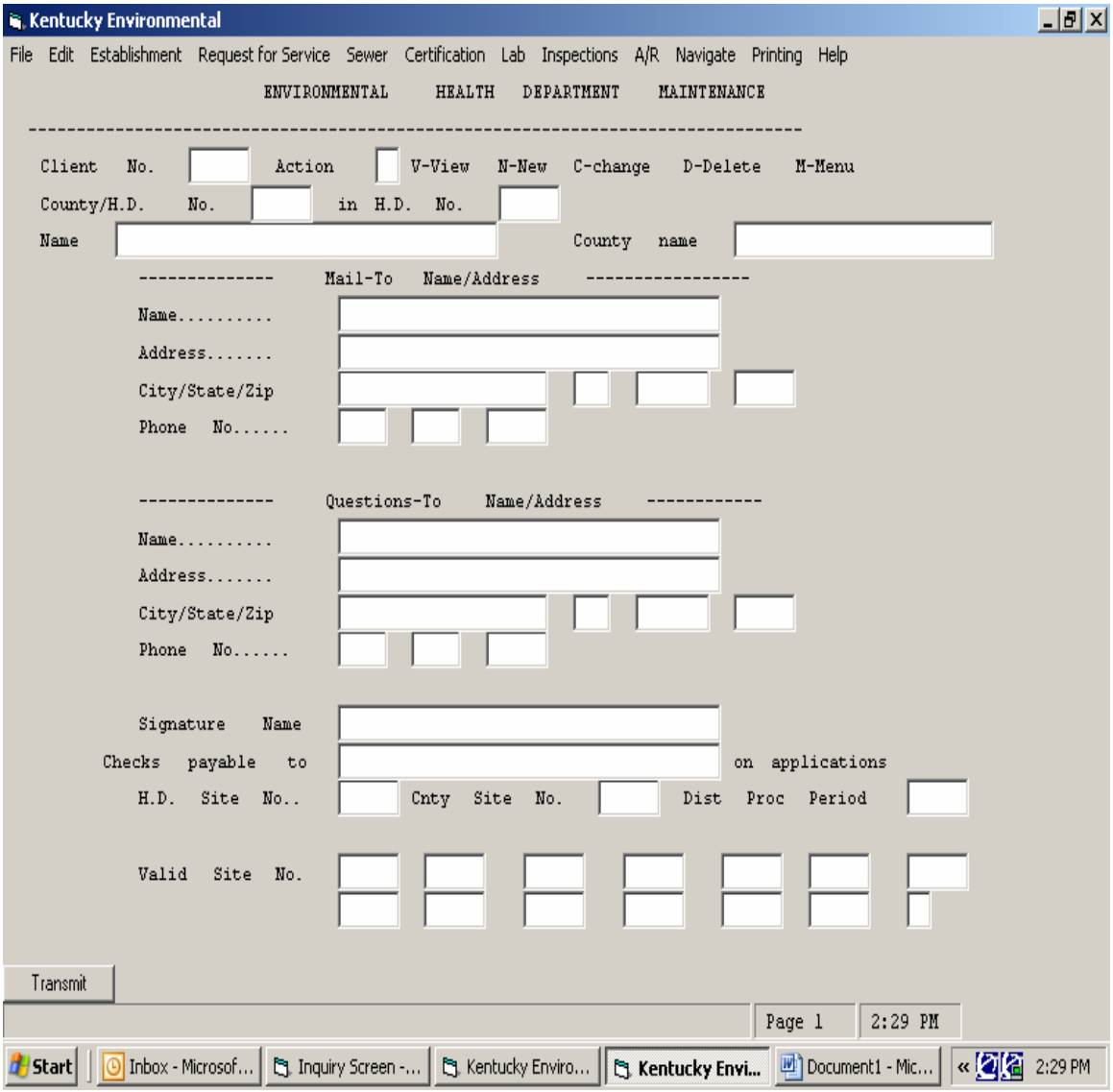
# SELECTION 1

# ENVIRONMENTAL HEALTH CLIENT MAINTENANCE SCREEN



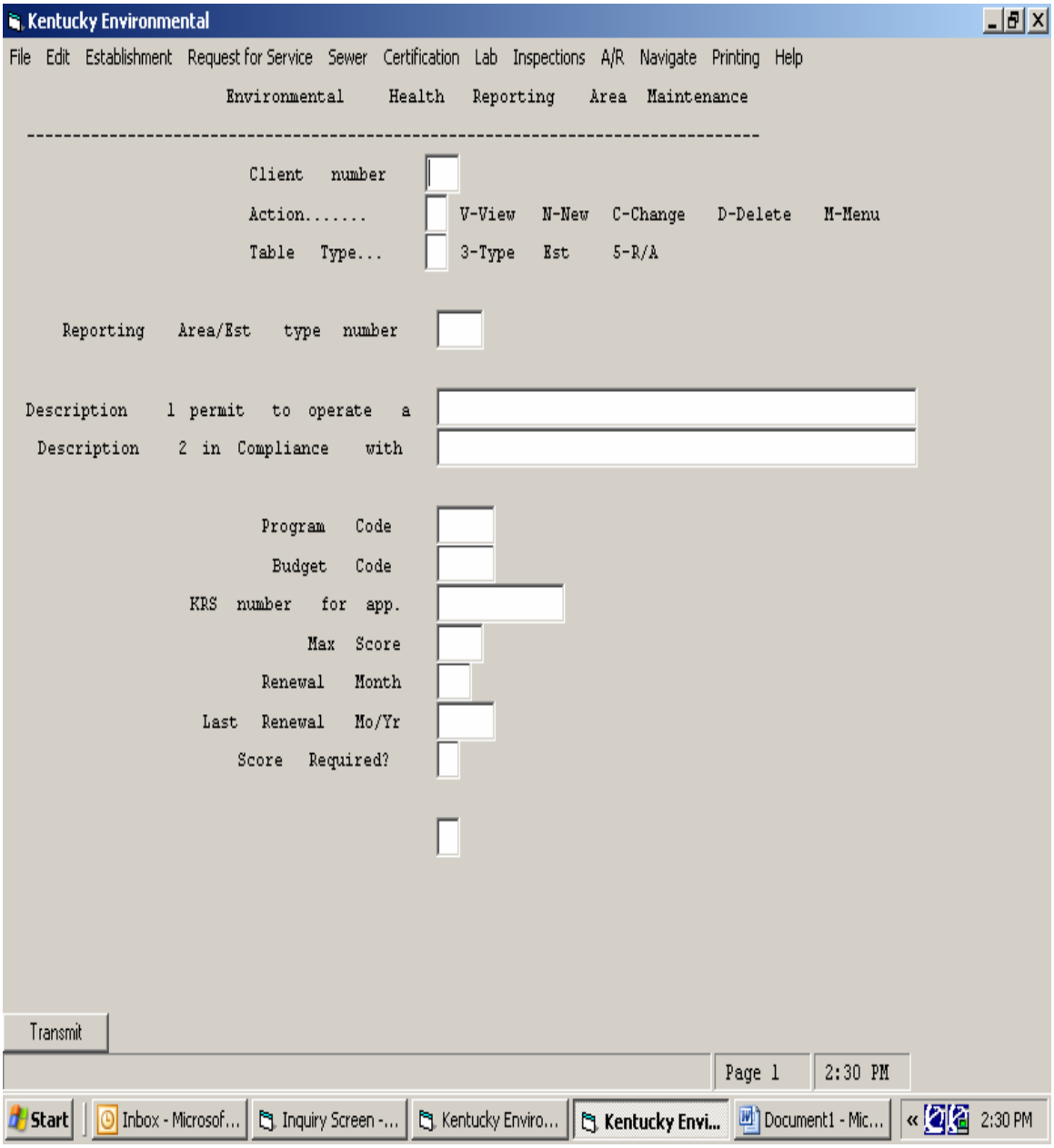
# SELECTION 2

# HEALTH DEPARTMENT MAINTENANCE SCREEN (CHANGES MONTHLY PROCESSING PERIOD FOR A/R ENTRY)



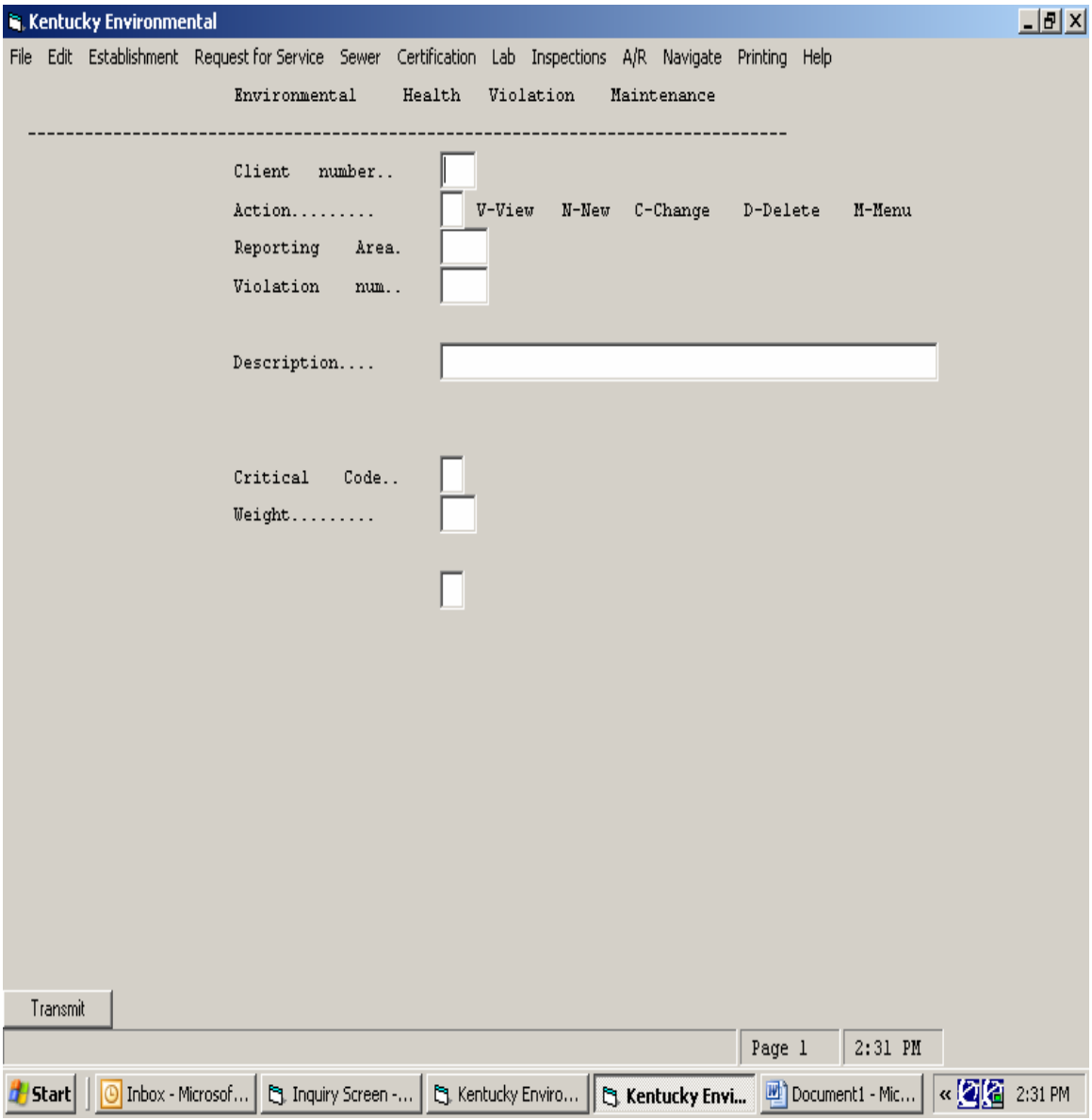
# SELECTION 3

# TABLE MAINTENANCE REPORTING AREA/TYPE OF ESTABLISHMENT SCREEN



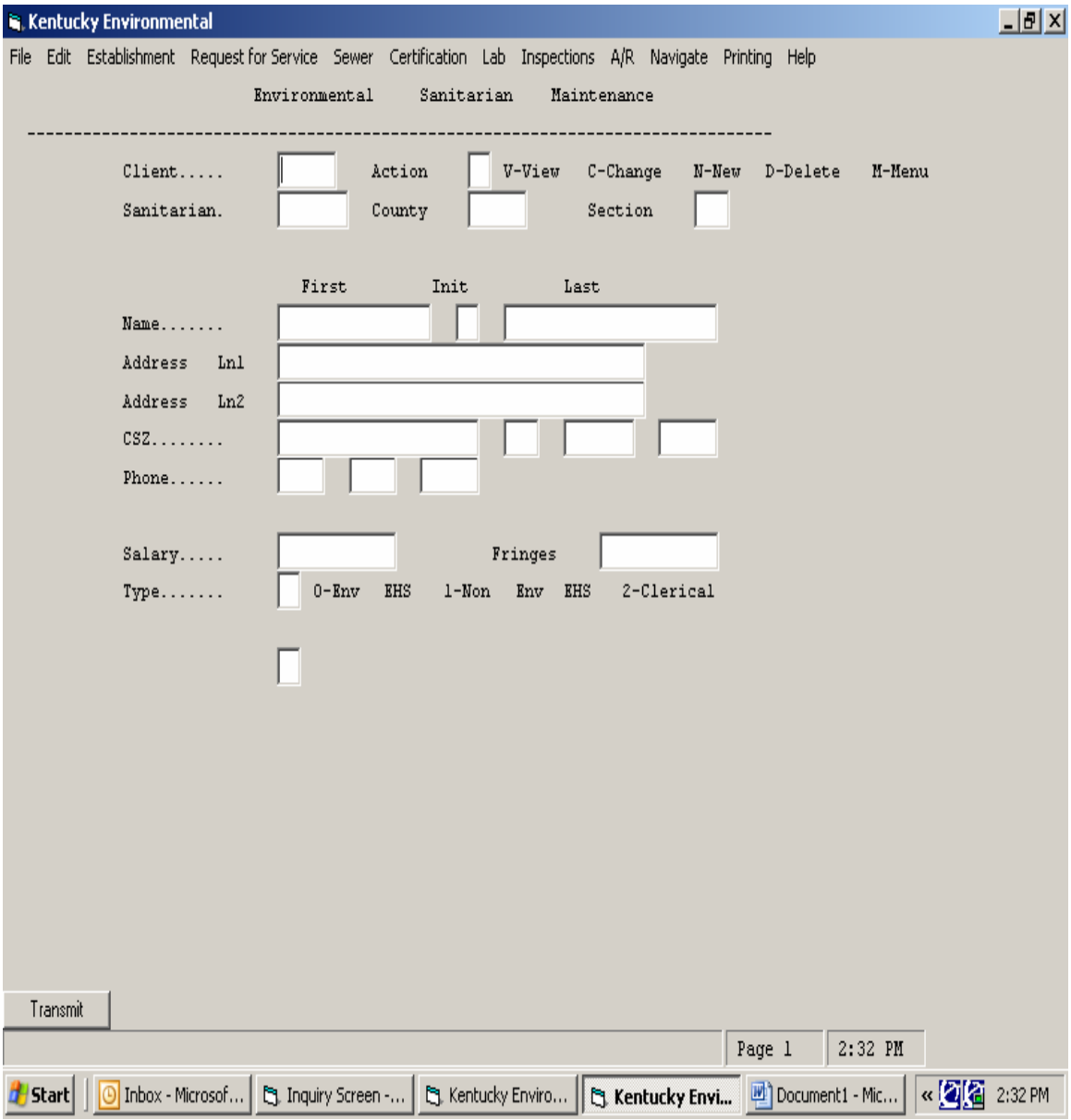
# SELECTION 4

# VIOLATION TABLE MAINTENANCE SCREEN



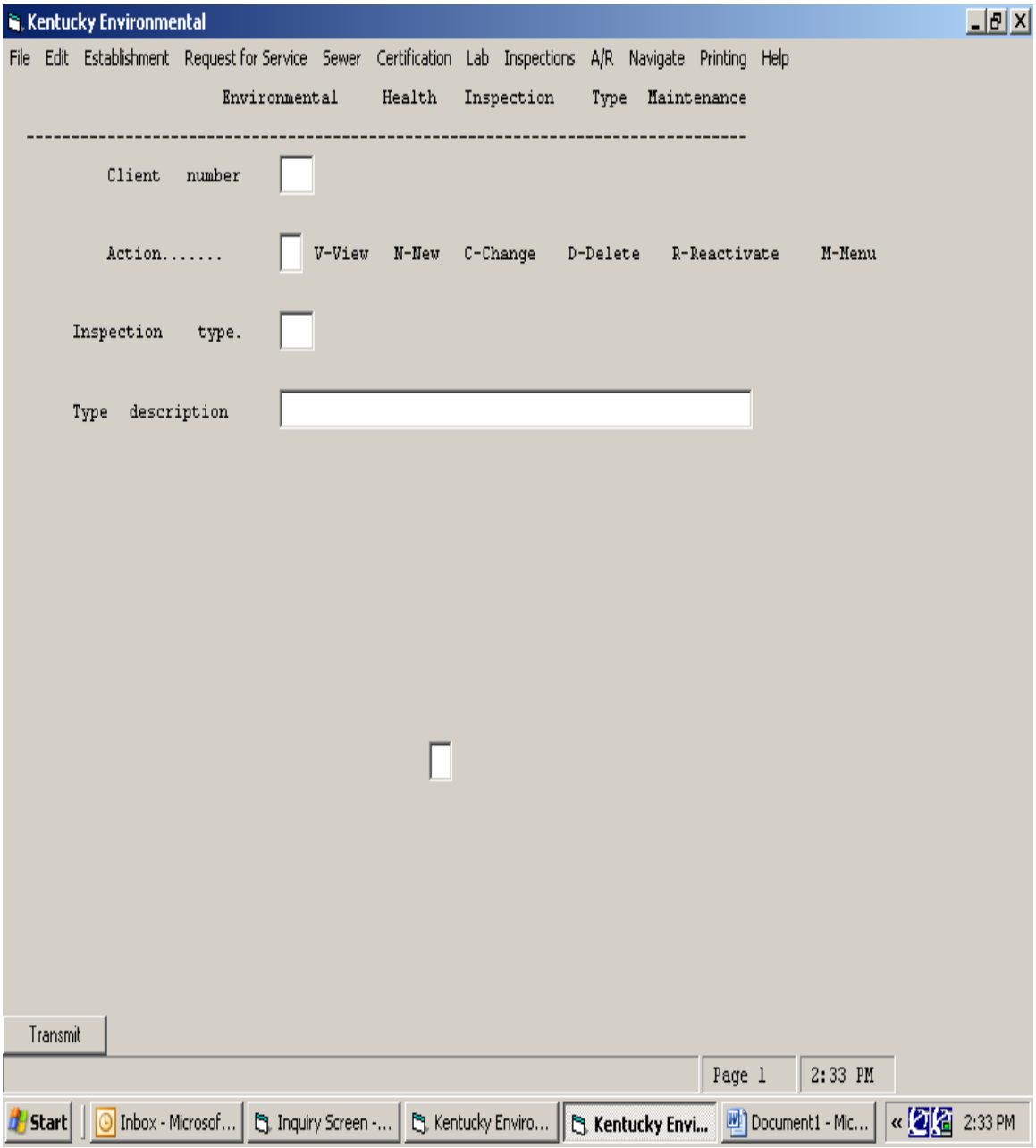
# SELECTION 5

# SANITARIAN MAINTENANCE SCREEN



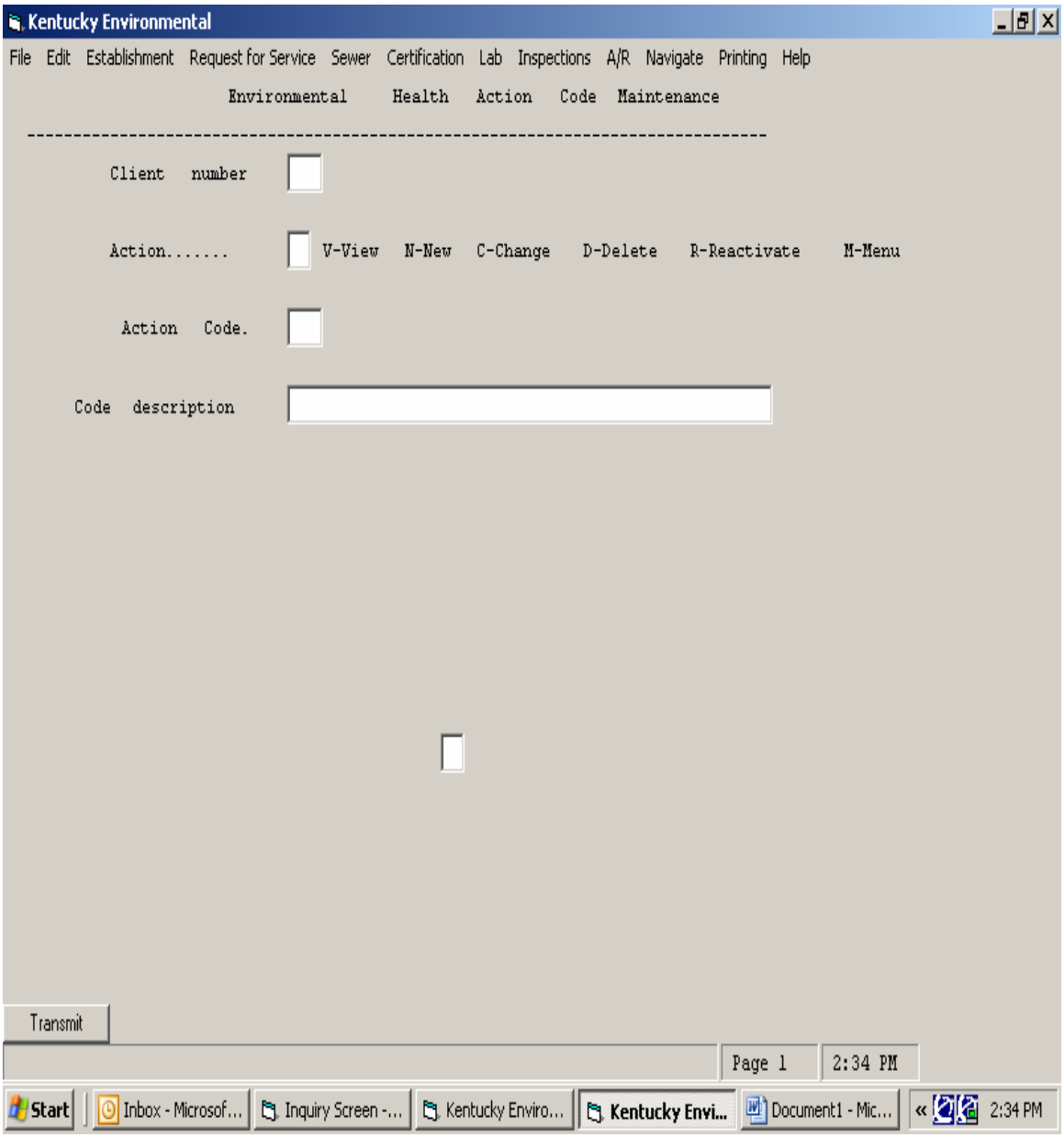
# SELECTION 6

# INSPECTION TYPES MAINTENANCE SCREEN



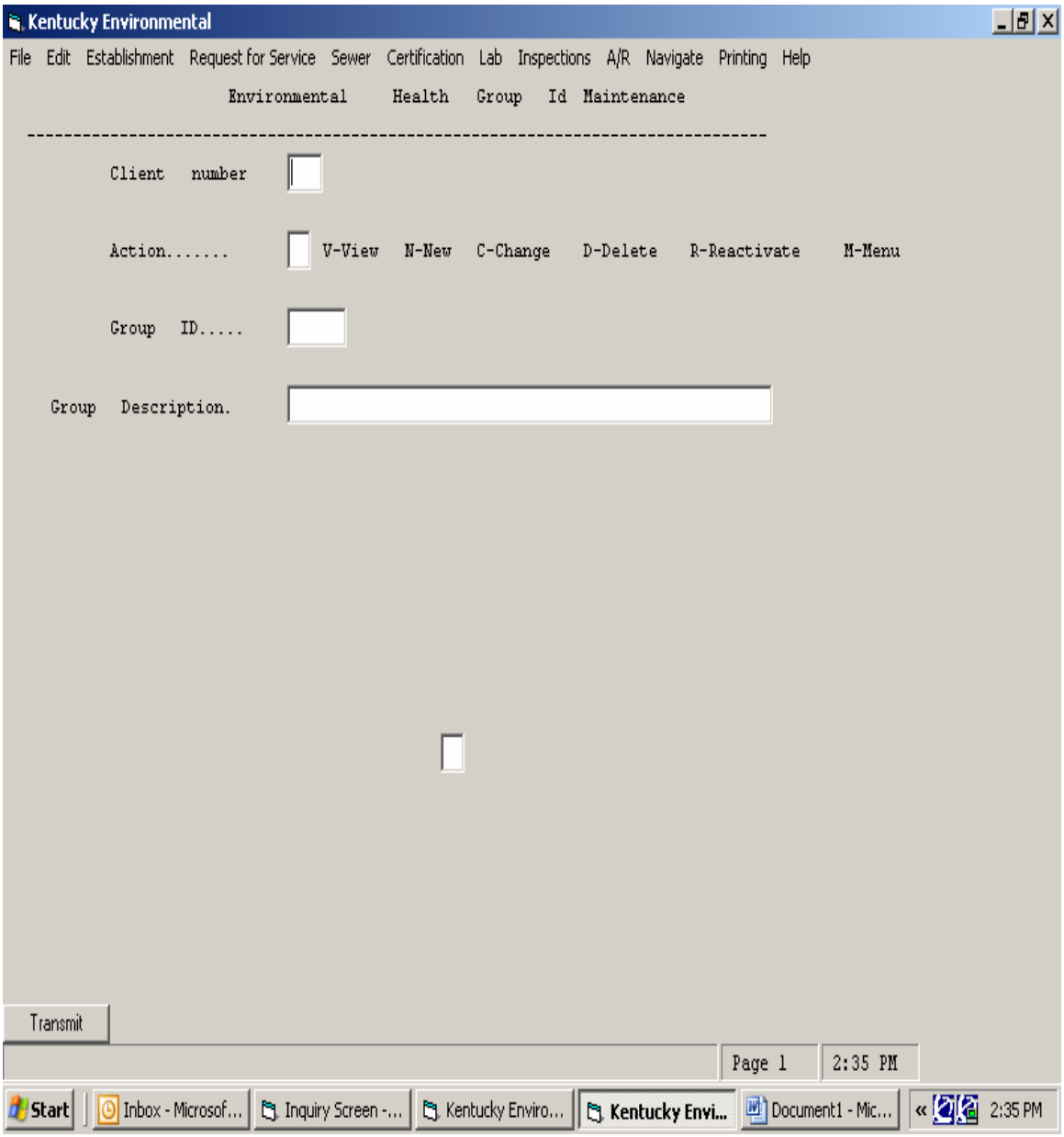
# SELECTION 7

# ACTION CODE MAINTENANCE SCREEN



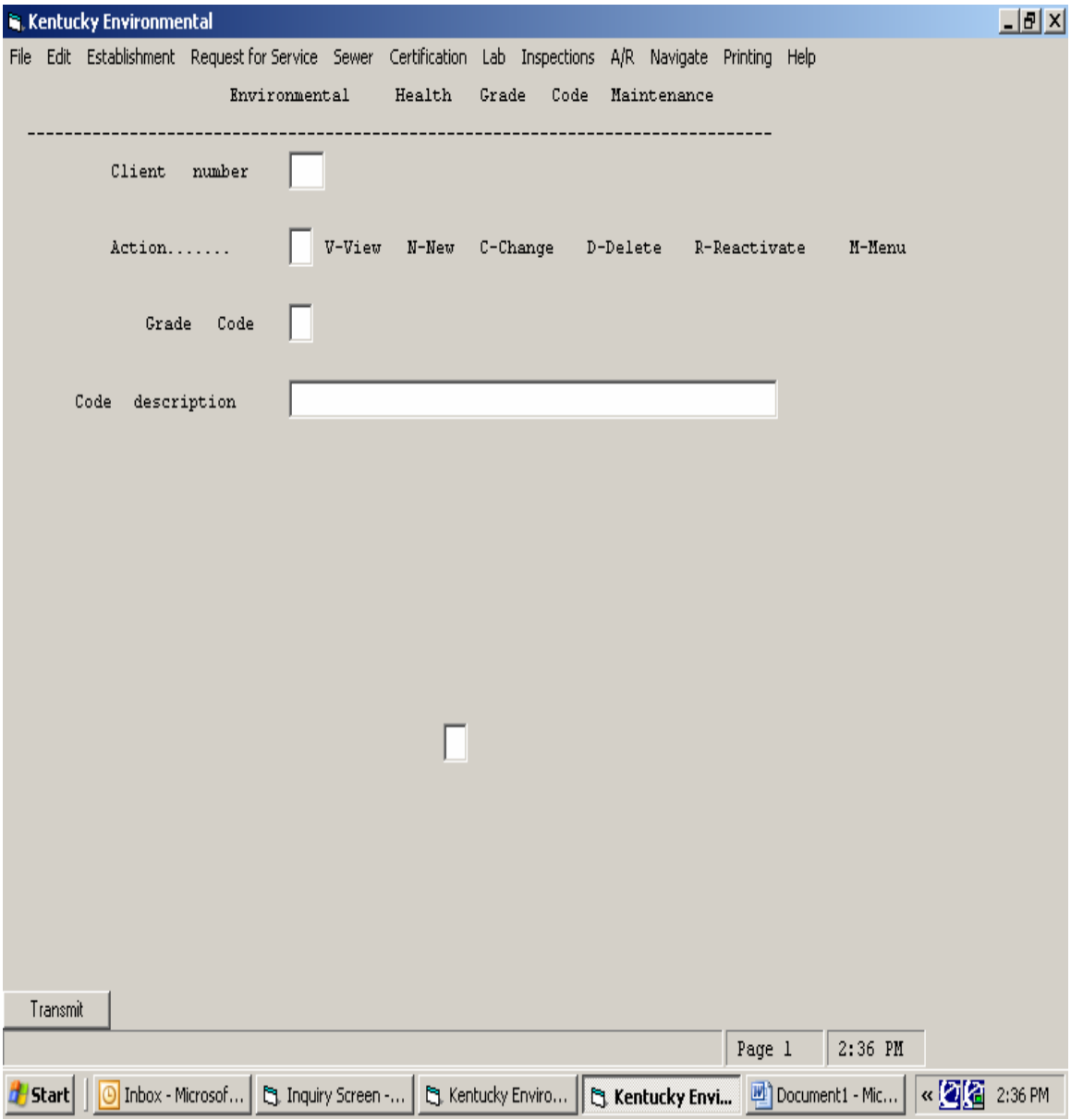
# SELECTION 8

# GROUP ID MAINTENANCE SCREEN



# SELECTION 9

# GRADE CODE MAINTENANCE SCREEN



# SECTION B

# ESTABLISHMENT FILE

This section includes the instructions for recording data entry of the Establishment Profile, DFS-200.

## ESTABLISHMENT FILE

Each establishment has a permanent record built into the system. If an establishment is inspected or pays a fee for more than one project reporting area, an establishment file is built for each project reporting area: for example, school food service in 605 and school sanitation in 635 and vending machine companies in 606 and vending machine commissaries in 605.

## SCREENS

These screens used are in the GUI tool bar under ESTABLISHMENT:

New Establishment:

This screen is used to set up a new establishment, change or delete an establishment. This screen must be completed prior to Screens 2 and 3.

New Establishment Screen 2:

This screen is used to enter additional establishment information that is not found on initial page. This is used for Septic Truck information mainly.

New Establishment Screen 3:

This screen is used to enter additional information for a tanning bed establishment that is not found on initial pages 1 and 2. This screen is also used for Component information.

## **INQUIRIES**

These are screens used in the GUI tool bar under ESTABLISHMENT:

Est. Inq. by #:

This inquiry is utilized to review the Establishment file.

Est. Mtce by #:

This inquiry is utilized to change the Establishment File in screen format the same as New Establishment Screen.

Est. Lookup by Name:

This inquiry is utilized to locate an establishment number when only the name is known.

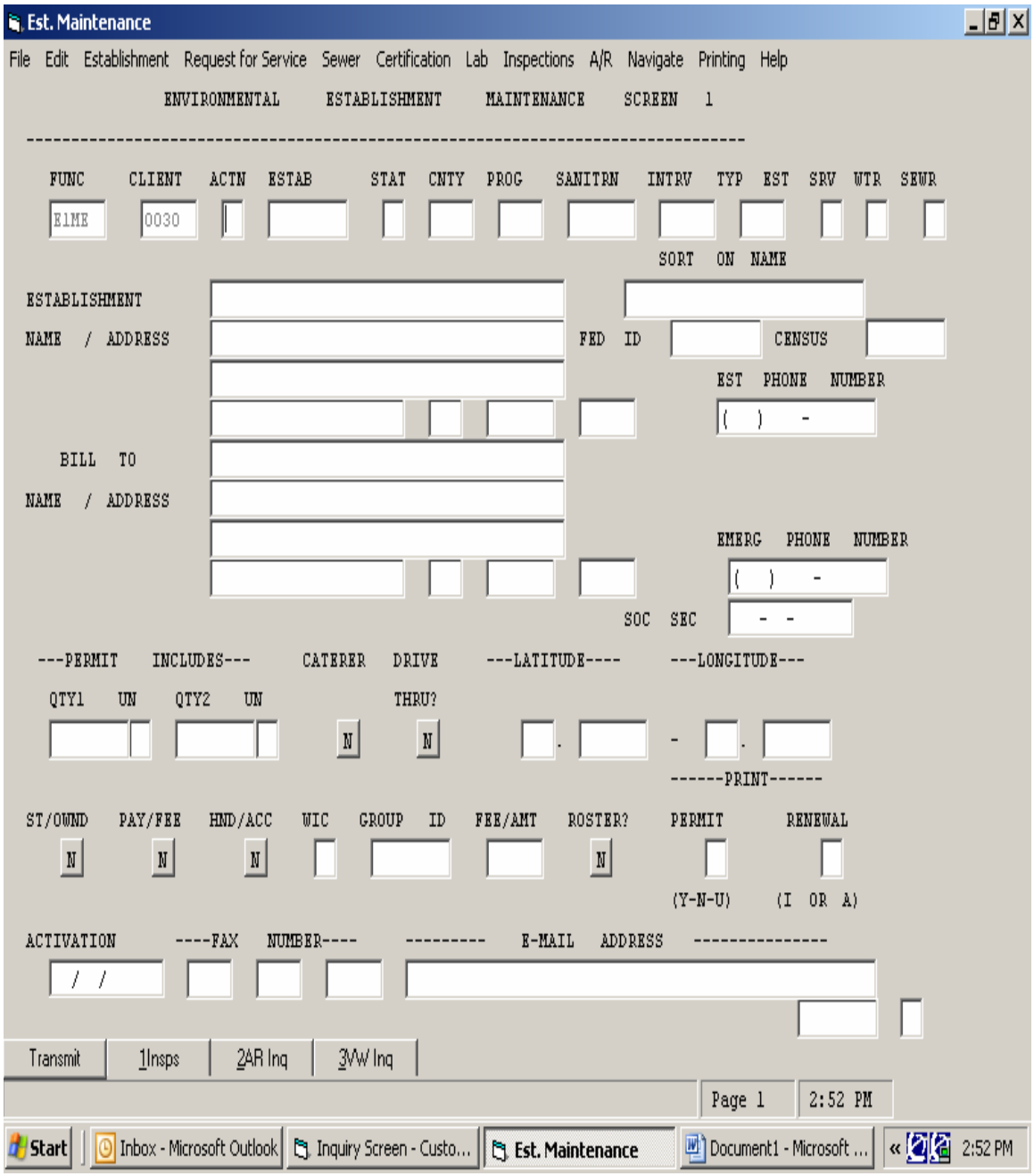
Est. Lookup by Address:

This inquiry is utilized to locate an establishment number when only the address is known.

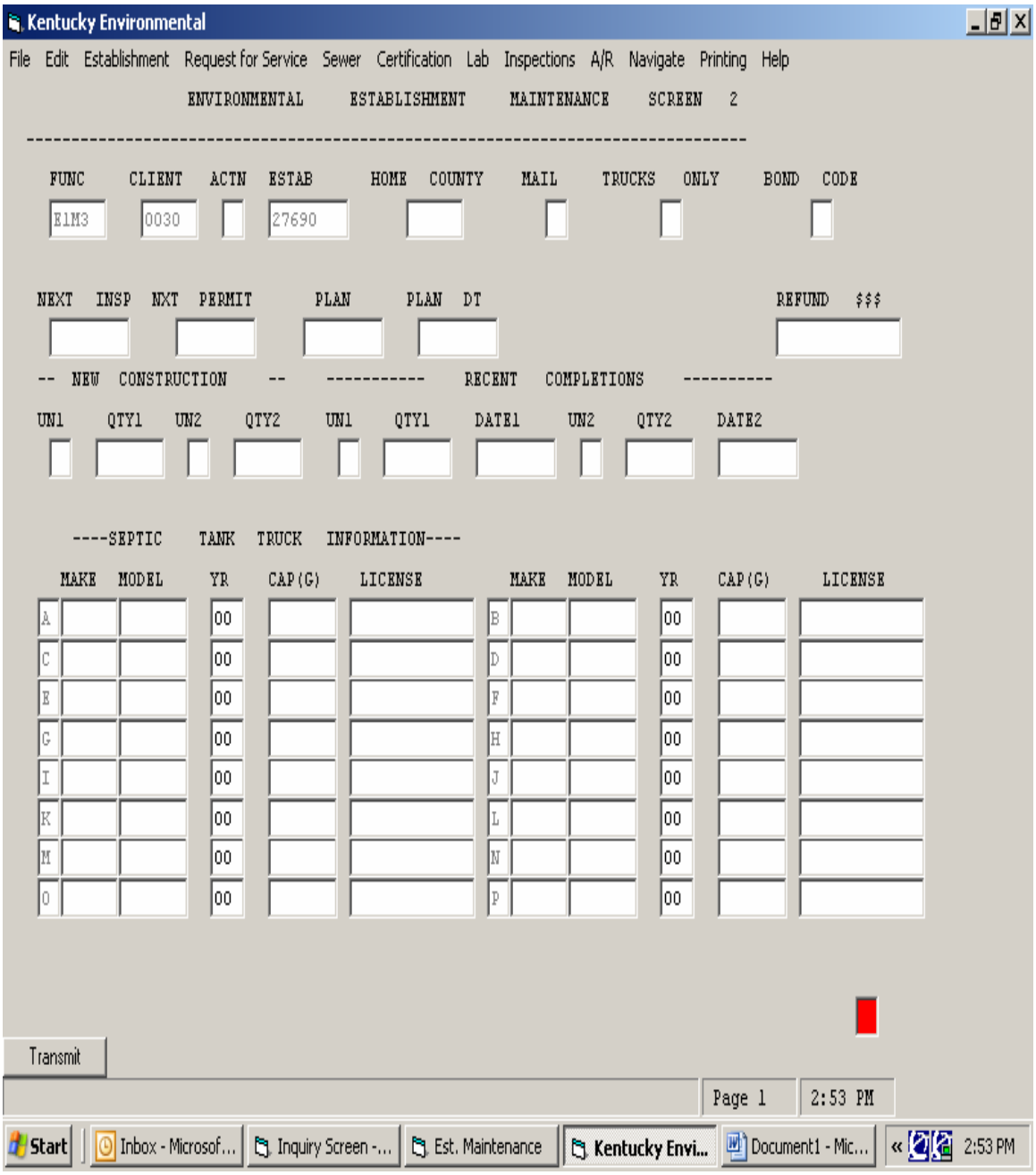
Est. Insp. by #:

This inquiry is utilized to lookup last inspections entered on certain establishment.

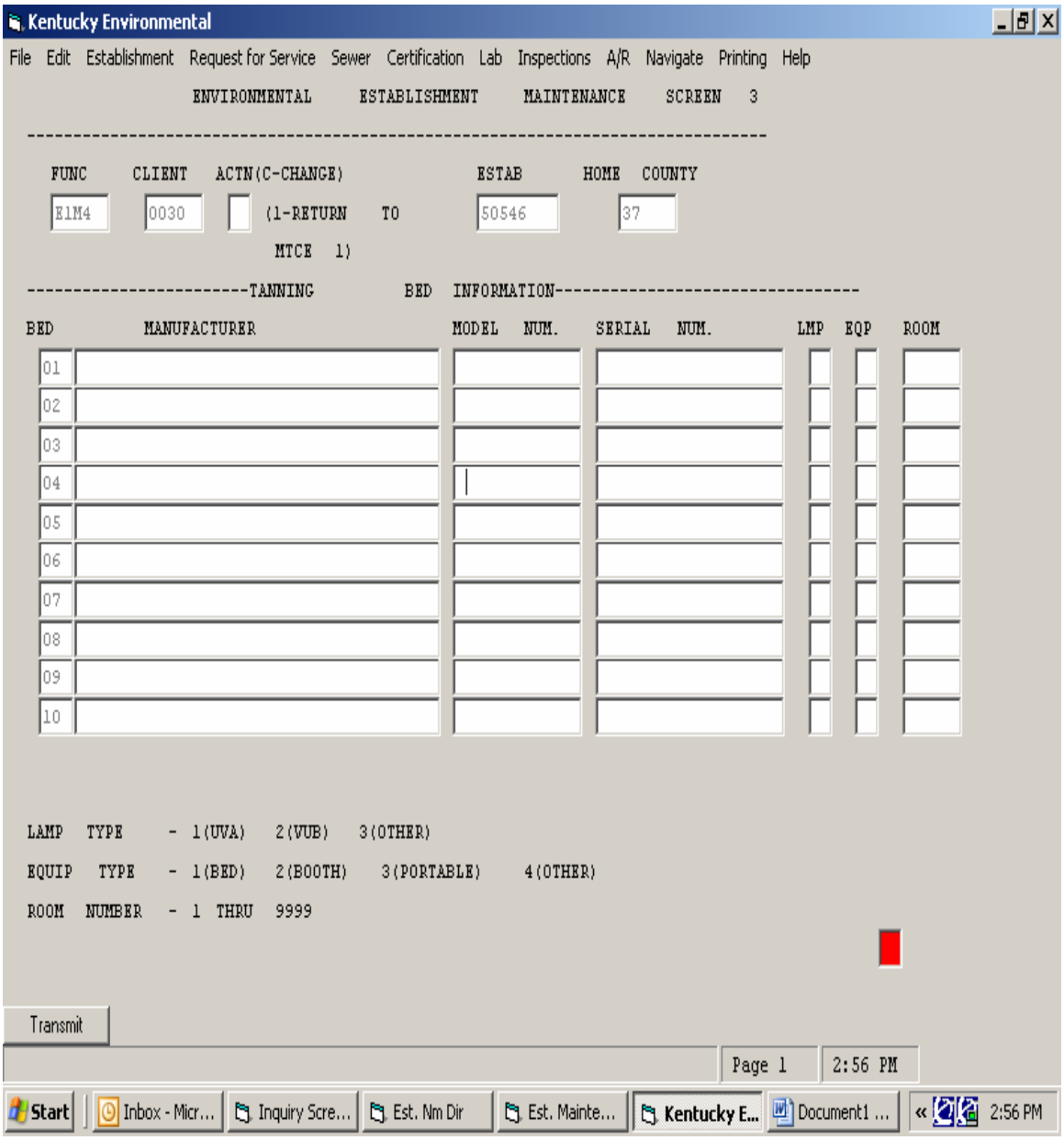
# NEW ESTABLISHMENT MAINTENANCE SCREEN



# NEW ESTABLISHMENT MAINTENANCE SCREEN
# PAGE 2



# NEW ESTABLISHMENT MAINTENANCE SCREEN
# PAGE 3



GUIDELINES FOR COMPLETION OF THE APPLICATION FOR A PERMIT AND/OR FACILITY PROFILE FORM (DFS-200)

Function:

This form shall be utilized as an application for a Permit/License to Operate as well as a Facility Profile Form. One or both options may be checked to indicate the appropriate function.

**EXCEPT:** This form can be used as a profile for Mobile Home Park construction but cannot be used as an application. Must use form DFS-317, Application for Construction Permit (Mobile Home and R.V. Parks).

Fees:

Enter the appropriate permit/license amount, inspection fee amount and total fee amount. For facilities that are not charged an annual permit/license fee and/or annual inspection fee, leave non applicable field blank. Copy of appropriate fee schedule should accompany each application issued. (See Fee Schedule – Section E).

Date:

Enter the date the application is issued to the applicant.

Date Paid and Method of Payment:

Enter the date the required fee is received and the method of payment – check, cash or money order.

**NOTE:** Each "Item" listed follows the form DFS-200, with New Establishment Screen. Those "Items" without a number indicated, can **ONLY** be found on the input screen.

New Establishment Screen:

Item: Client: The Client number is ALWAYS 30, which represents Kentucky.

Item 1: Action: The Action code is utilized to add a record, change a record, or flag an existing record for deletion. Circle the appropriate alpha letter.

N – Used to add a new record to the system. Action code "N" requires **all** information appropriate to that type establishment to be completed.

C – Used to change an existing record. Action code "C" requires only the establishment number and the specific information is to be changed to be completed **except** when the change is in the city state and zip code fields. When a change is made in one of these fields, then entire city, state and zip code fields must be completed.

NOTE: To blank out a field, you enter a "*" in the first position and space out the rest of the field. If the field is all numeric, you enter "0" (zero) in all the spaces.

D – Used to flag a record for deletion; this code is utilized when a facility has gone out of business.

NOTE: In order to flag an establishment for deletion, two actions are required.

(1) Action code "C" and establishment number, and status "I".
(2) Action code "D" and the establishment number.

NOTE: This system will not allow you to delete an establishment, which has an open account receivable. All invoices for an establishment must be cleared.

R – Used to reactivate a previously deleted establishment number for an establishment opening in the **exact same location.** If an establishment moves its location, a new establishment number must be issued.

NOTE: in order to flag an establishment for reactivation two actions are required.

(1) Action code "R" and the establishment number.
(2) Action code "C" and establishment number and status "A".

Item 2: Establishment Number:

The establishment number is also the establishment permit number, which is assigned by the computer, therefore, when action code "N" is used, the establishment number is left blank. For all other action codes, the computer assigned establishment number must be completed.

Item 3: Status: This code indicates the status of the establishment.

Status Codes: Circle the appropriate alpha letter.

A – This flags the records as an Active establishment.

I – This makes an establishment Inactive. An establishment made inactive will not receive a renewal application or permit.

H – This flag is used to indicate the application was received, but will not print the permit. The system holds the permit.

N – This flag is used to indicate that the establishment is to have no application and no permit.

S – This flag is used to indicate that the establishment permit is suspended. When suspension is lifted, change the status to "A" for active.

Item 4: County: The county number is required for all new establishments. (See section G)

Item 5: Program: The project reporting area must be completed for all new establishments. (See section G)

Item 6: Sanitarian Code: The unique five-digit employees class and identification code assigned to each Sanitarian must be completed. This code identifies the primary Sanitarian who inspects the facility and is required on all new establishments.

Item 7: Inspection Intervals: This identifies the number of days between inspections. Usually this is 90, 180, 360 or 720 and must be entered for a new establishment in accordance with program plans.

Item 8: Type of Establishment: This three-digit Type of Establishment code must be completed for new establishments. (See Section G)

Item 9: Type of Service: All new establishments must be identified by the Type of Service. Circle the appropriate number.

NOTE: Food Service and Retail/Food Establishments are Service Type 1-5/Bed and Breakfast Establishments are Service Type 1 or 2.

Retail Food Stores are Service Type 3. All other program areas are Type 6.

Item 10: Water Supply: Circle the number, which indicated the type of water supply specific to the establishment. Must be completed for new facility.

Item 11: Sewage: Circle the number, which indicates the type of sewage system specific to the establishment. This must be completed for a new facility.

Item 12: Federal Identification: Used to record the federal identification number assigned to Food Manufacturing establishments.

Item 13: Census Tract: Used to record the census tract of the establishment location. This is not a mandatory field.

*****ITEMS 14 & 16-19 ARE TO COMPLETED BY APPLICANT*****

Item 14: Name of Establishment: Enter the name of the establishment. If the name does not fit within the lines provided, abbreviations must be used. This field must be completed for a new establishment.

Item 15: Sort Name: This field is left blank by the applicant. Field is completed by the sanitarian **only** if it is desired to have the record sorted in report etc., differently from the exact name. (Example – Name: **The Little Cafe.** Sort: **Little Café.**)

Item 16: Address: Enter the location of the establishment. These fields **must** be completed for a new facility.

Item 17: City, State, Zip Code and Telephone Number: Enter location of the establishment. These fields **must** be completed for a new facility.

NOTE: When **changes** are made to an establishment's address, the city, state, zip code and telephone number must be completed or the system will leave those areas blank.

Item 19: Owner's Name: A new establishment **must** have the owner's name and the mailing address if different from location address.

Item 20: Owner's Mailing Address: Enter the Owner's address if different than the location of the establishment. These fields **must** be completed for a new facility.

Item 21: City, State, Zip Code and Telephone Number: Enter location of Owner if different from establishment location. These fields **must** be completed for a new facility.

NOTE: When **changes** are made to an owner's address the city, state, zip code and telephone number must be completed or the system will leave those areas blank.

Item 22: Social Security Number: This field is used only when a social security number is required.

Item 23: GPS coordinates: Enter GPS Coordinates in Degrees, Minutes, and Seconds.

Item 24: Quantity 1: This field is used to specify the number of machines, mobile home spaces. Rooms, seats, trucks or gallons. Enter the number in the box and circle the appropriate alpha character for the unit of measure.

Item 25: Quantity 2: This field is used to specify the number of commissaries, recreational vehicle spaces, feet or male students. Enter the number in the box and circle the appropriate alpha character for the unit or measure.

Item 26: Catering Operation: Check box if catering is appropriate.

Item 27: Drive Through Window: Check box if drive through window is appropriate.

Item 28: Planned Construction: These fields are used to indicate the unit and number of spaces to constructed and the date the permit was approved, i.e., M 25 09-01-06.

Item 29: State Owned: If the establishment is State owned, use the alpha letter "Y". Use the alpha letter "N" if not state owned.

Item 30: Fee Paying: If the establishment is fee paying use the alpha letter "Y" and if it not fee paying enter the alpha letter "N".

Item 31: HND/ACC: This indicates the facility has access for the handicapped. Enter the alpha letter "Y" or "N". You use the **TOGGLE** feature for this.

Item 32: WIC: This field is used to identify those establishments within the environmental health program jurisdiction, which are certified as Women, Infants, and children (WIC) vendors (i.e., Retail Food Stores). If certified, enter alpha letter "W" for WIC, alpha letter "F" for Food Stamps or alpha letter "B" for both.

NOTE: With the new GUI system Items 29-31 are set up on a TOGGLE buttons and (all you need to do is click with the mouse to go from "Y" to "N".)

Item 33: Group ID: This field is utilized to identify a common denominator of an establishment, i.e., chain operations or type of swimming area operation. (See Section G)

Item 34: Fee Amount: This field is used to enter the fee amount for an establishment when it has a fee, which is not set up in the system.

Item 35: Roster: This field is used to override the interval as to when an establishment appears upon the roster.

F – Federal inspection – this flag indicates F.D.A will be going to inspect the establishment and will not appear on the roster.

K – Contract inspection – this flag indicates the establishment is a F.D.A contract form and will appear 360 days from the last regular inspection.

N – Not on roster: This flag is used for those establishments that should not appear on roster.

Item 36: Print Permit: This field is used to print a permit for an establishment when not permit fee is involved, or when a permit needs to be replaced.

Y – is used to reprint a permit.

U – is used to update the expiration date and print permit.

Item 37: Print Application: This field is used to print an application for an establishment.

Enter "I" if you want to print a new application or invoice.

Enter "A" if you want to reprint an application or invoice.

**Applications will print every Thursday night. Operators must call out Applications every Friday from the web print application.**

Item 38: Activation Date: This date is used to indicate when an establishment was activated, it should be used every time an establishment is changed from inactive or delete status to active status.

Item 39: Fax Number: This is used if establishment has a fax number.

Item 40: E-Mail Address: This is used if establishment has an email address.

## SCREEN 2

Item 41: Client #: Enter Client Number "30" which stands for Kentucky.

Item 42: Establishment #: Enter computer assigned establishment number.

Item 43: Home County: This field is used to record the home county location for establishment in the Food Manufacturing Program and for Mobile Food Units. (See Section G)

Item 44: Mailing Flag: This flag is to override the normal process of the system. Applications and permits are mailed to an establishment, unless there is an address under the owner's name. The mailing address is the owner's address.

To override the mailing process enter:

0 – To mail owner the application and permit.

1 – To mail establishment the application and permit.

2 – To mail owner the application and establishment the permit.

3 – To mail establishment the application and owner the permit.

Item 45: Truck Only: This field is left blank **except** for septic tank cleaners. If a septic tank cleaner holds a plumber's license or pumps his own tanks, enter a "Y", if not, leave the field blank.

Item 46: Bond Information: This field is left blank **except** for septic tank cleaners. Enter the appropriate bonding status.

1 – Bonded by insurance company.

2 – Bonded by individual.

3 – Bond needed.

4 – No bond required.

5 – Bond canceled.

NOTE: The system will not print a permit if the bond status is not equal to 1,2 or 4. **Also bonds must be checked yearly for upkeep at inspection time around January.**

Item 47: Next Inspection: This field is used to change the inspection date without changing the interval. Once the inspection is completed, the establishment will revert back to the interval.

Item 48: Next Permit available date: This is flagged when you want to hold a permit.

Item 49: Permit Expiration Date: This is changed when you want to change the expiration date.

Item 50: Construction Approval: These fields are checked to record required construction plan approval, new or additional construction plumbing approval.

Item 51: Refund Amount: This field is used to indicate the amount of fee refunded to an establishment. The Division Public Health Protection and Safety Designee will enter all refunds into the system.

Item 52: Septic Tank Trucks: This area is used to collect specific information on septic tank cleaning vehicles.

A – "Truck Number" is the permit number and an alpha letter for each truck, such as 1000 A and 1000 B, which indicates the company has two trucks. Enter an alpha letter for each truck. Valid letters are "A" through "J".

B – "Make" is the brand of each truck.

C – "Model" is the model of each truck.

D – "Year" is the year of each truck.

E – "Capacity" is the tank capacity of each truck in gallons.

NOTE: To delete a truck, enter the truck letter and under "make" enter **DROP**.

Item 53: Signatures: Plumbing Inspector: Provided to secure signature of plumbing inspector for applications, which require approval of construction plans.

Health Authority: Required for all Applications for Permit/License to Operate. Space provided for signature and date.

Applicant: Required for all Applications for Permit/License to Operate.

DFS-200 (Rev. 10/00)

**CABINET FOR HEALTH SERVICES**
**DEPARTMENT FOR Public HEALTH**

☐ APPLICATION FOR PERMIT/LICENSE TO OPERATE A _____

☐ FACILITY PROFILE Permit/License Fee _____ Inspection Fee _____ Total _____

Date Paid _____ Check ☐ Cash ☐ Money Order ☐

1

| Action | |
|---|---|
| New | N |
| Change | C |
| Deleted | D |
| Reactivate | R |

2 Est. No.

3

| Status | |
|---|---|
| Active | A |
| Inactive | I |
| Hold | H |
| No. app | N |
| Suspended | S |

4 County

5 Program

9

| Type of Service | |
|---|---|
| Sit Down/Full | 1 |
| Cafeteria/Continental | 2 |
| Carry-out/retail mkt. | 3 |
| Caterer (Comm.) | 4 |
| Interstate Convevance | 5 |
| No Service Type | 6 |

6 Sanitarian

7 Insp Intvl.

8 Type of Est.

10

| Water Supply | |
|---|---|
| Public | 1 |
| Private | 2 |
| Other | 3 |

11

| Sewage | |
|---|---|
| Public | 1 |
| Private | 2 |
| Other | 3 |

12 Federal ID

13 Census Tract

**TO BE COMPLETED BY APPLICANT - PLEASE PRINT**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 14 | Name of Establishment | | | | | | |
| 15 | Sort Name (leave Blank) | | | | | | |
| 16 | Street Address | | | | | | |
| 17 | City | | Zip Code | | | Phone # | |
| 19 | Owner's Name | | | | | | |
| 20 | Mailing Address | | | | | | |
| 21 | City | | State | | Zip Code | | Phone # |

**Applicant Signature:** _____ **Date:** _____

22 Social Security No.

23 Latitude ___ DEG ___ MIN ___ SEC Longitude ___ DEG ___ MIN ___ SEC

24

| Quanity 1 | Unit Measure | |
|---|---|---|
| | Machines | A |
| | Mobile. Home Spaces | M |
| | Rooms | R |
| | Seats | S |
| | Trucks | T |
| | Gallons | G |
| | Boarders/Beds | B |

25

| Quantity 2 | Unit Measure | |
|---|---|---|
| | Commissaries | C |
| | RV Spaces | V |
| | Feet | F |
| | Male Student | M |
| | Residents | R |
| | | |
| | | |

26 Catering Operation ☐

27 Drive Through Window ☐

28 Planned Construction No._____

| Unit Measure | Quantity | Date |
|---|---|---|
| | | |
| | | |

29 State Owned

30 Fee Paying

31 WIC

32 Group ID

33 Print Permit

34 Roster

35 Home County

36 Truck Only

SEPTIC TANK TRUCKS

37

| Bond Information | |
|---|---|
| Insurance Company | 1 |
| Individual | 2 |
| Bond Needed | 3 |
| Not Required | 4 |
| Cancelled | 5 |

38

| Number | Make | Model | Year | Capacity |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Construction Plan Approval ☐

New or Additional Plumbing Construction Approval ☐

By: _____

Health Authority: _____ Date: _____

# SECTION C

## REQUEST FOR SERVICE AND AMIMAL BITES

(ALL INFORMATION ENTERED UNDER REQUEST FOR SERVICE TAB)

The Request for Services and Animal Bite Component is designed to collect data, provide inquiries, and search all requests received by the local health departments for duplicate requests for the same address.

When the request for service is an animal bite, the Animal Bite Field is flagged “Y”, which will automatically cause an additional screen to be sent to the terminal for entry of the specific animal bite data.

The Request for Service Record (DFS-327) and the Animal Bite Report (DFS-327a) are utilized for this component and the instructions for completion of the forms and provided a detail within this section.

REQUEST FOR SERVICE AND ANIMAL BITES

The Request for Service and Animal Bite Reporting Components were designed primarily to track complaints and animal bites. However, all local health department requests for any type service or complaint received can be recorded and entered utilizing these components.

Due to the variances in organizational structures within local health departments, flexibility plays a key role in this component. Therefore, requests for service or complaints may be processed in the following manner:

A. Direct Entry: The request for service or complaint can be entered through the terminal directly from the initial telephone call or complainant visits to the local health department. The request for Service form is then printed and routed to the appropriate environmental program personnel for further action.

B. Delayed Entry: The information is recorded on the Request for Service form, investigated by the Environmental Personnel and then entered into the system.

C. Combination of Direct Entry and Delayed Entry: This method allows the processing and investigation to be completed in a timely manner, which provides the best of both worlds.

NOTE: Regardless of the method utilized to Process the initial request or complaint, the resultant inspection or investigation findings are submitted to data entry upon completion. All inspection activities, information and

enforcement actions are entered under INSPECTIONS tab under Enter Inspections selection.

## SCREEN

### New Request

This screen is used for Request for Service or Animal Bite to add a new record or delete a record.

## AUTOMATIC BITE SCREEN

This screen is used to enter specific information on the person who was bitten and the animal which bit the person. This screen is automatically returned to the terminal when a new request is flagged "Y" in the Animal Bite Field on New Request Screen.

## INQUIRIES

### Request by #

This inquiry will provide a review of the request record.

### Request Inspections by #

This inquiry is used to review all inspections conducted for specific request number.

### Animal Bite by #

This inquiry is for requests involving an animal bite and is the only way to make changes on the screen for the person bitten or the animal, which bit the person.

NOTE: When making a change with Request Inspection by # or Animal Bite by # screens **<u>Do not space over fields or information</u>**. Any space or field left blank will delete the original information.

<u>Look up by Rqst Name</u>

This inquiry is used to locate a request when only the name of the person making the request for service is known.

<u>Look up by Address</u> This inquiry is used to locate a request number when only the occurrence address is known.

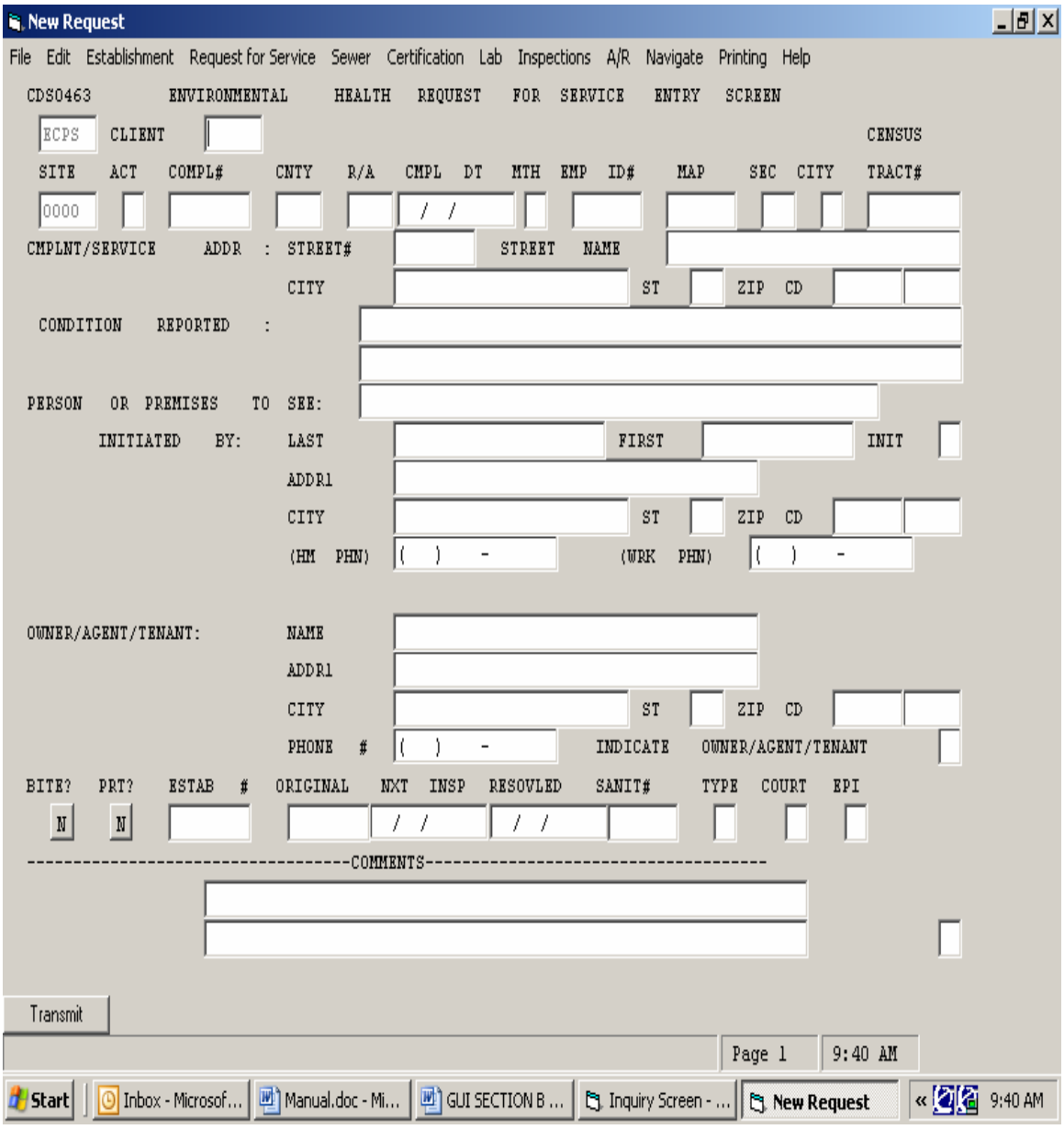
<u>Lookup by Rqst Phone #</u>

This inquiry is used to locate a request number when only the requestor's phone number is known.

<u>Lookup by Person Bitten</u>

This inquiry is used to locate the request number when only the name of the person bitten is known.

# NEW REQUEST SCREEN



# GUIDELINES FOR COMPLETION OF THE REQUEST FOR SERVICE RECORD (DFS-327) AND ANIMAL BITE REPORT/QUARANTINE NOTICE (DFS-327a)

Function

The forms used to record information on request for Service (DFS-327) and the Animal Bite Report (DFS-327a).

If initial information is entered into the system, the computer will print the form.

Each request for service or animal bite record is built into the system. All activities relating to the request are entered, using the request number. A request may be linked to an establishment or another request.

NOTE: Each item listed below follows the form DFS-327 and 327a layout, with New Request Screen. The items without a number following it can only be found on input into New Request Screen.

New Request Screen:

Item: Client:

The Client number is always 30, which represents Kentucky.

Item 1: Action:

The Action code is utilized to add a record, change a record, or delete a record.

N – Used to add a new record.

C – Used to change an existing record.

D – Used to flag a record for deletion.

NOTE: You need to use New Request Screen. Client 30, Action D, Enter request/complaint #, Xmit. When you delete a request it is taken out of the system. The only time a request should be deleted is when it was set up by mistake.

Item 2: Request Number: The request number is assigned by the computer; therefore, when action code "N" is used, the request number is left blank. For all other action codes, the computer assigned number must be used.

Item 3: County: This is the county in which the request takes place. (See Section G)

Item 4: Reporting Area: The project reporting area is required for new request. (See Section G)

Item 5: Date: This is the date the request was received.

Item 6: Method: This is how the request was received. Check the appropriate box.

Item 7: Employee ID Number: This identifies the employee number of the person who originally received the request.

Item 8: Map: This is the map coordinates for where the request occurred. Used by Jefferson County only.

Item 9: Section: This is the section that was assigned the request. Used by Jefferson County only.

Item 10: City: This indicates if the request was in the city limits or in the county.

Item 11: Census Track: Used to record the census track of the request. Used by Jefferson County only.

Item 12: Complaint/Service Address: This is the address of the request, the street number and name, city and zip code.

Street Number: This is the house, box or lot number of the location. If the number is unknown enter a "0" zero for street number.

Street Name: This is the name of the street or highway where the request is located.

NOTE: If you enter the street name as Taylor Road on one request and Taylor Rd. on another request, the system will see them as two different addresses. If you enter the abbreviation of street as ST and then as ST., the system will see them as different addresses.

Item 13: Condition Reported: This is two lines of 50 characters each and must give a brief description of the request.

Item 14: Person or premises to See: This is the name of the person or premises that is to be seen, when the request is investigated.

Item 15: Initiated By: This is the name of the person who initiated the request

NOTE: This field must be completed, if the person is unknown or refuses to give their name, enter refused or unknown in the last name.

Item 16: Address and Phone Number: This is the address and phone number of the person making the request.

Item 17: Owner/Agent/Tenant: This is the name and address of the responsible person of the request, such as the owner of the property or animal. If the address is the same as the complaint/service address leave blank.

Item 18: Indicate: Owner/Agent/Tenant: Indicates the owner, agent or tenant by entering either an O, A or T.

Item 19: Bite: This indicates to the system that the request is for an animal bite. When entered into the computer, this flag will automatically bring up the second page on which to enter additional information about the person bitten.

Item 20: Print Request: This is used to indicate you want a hard copy of the request after it has been entered into the system.

NOTE: Request printout under Print Que. three (3) at standard print size. You must request your printer before they will print.

Item 21: Establishment Number: This the permit number of the establishment when the request is for an establishment you have on file.

Item 22: Original Number: This is the original request number, when you receive more than one request for a location.

Item 23: Resolved Date: This is the date the request was completed. Once a resolved date is entered, the record can not be updated unless the resolved date is deleted by blanking out the date in the establishment maintenance file.

Item 24: Sanitarian #: This is the sanitarian employee I.D. number that was assigned the request.

Item 25: Type: Enter an “R” if this is for a request for service or a “C” if it is for a complaint.

Item 26: Court: Enter a “C” if this request has a court date.

Item 27: Comments: This is two lines of 50 characters each, to indicate investigation findings.

NOTE: The three lines of inspection activities correspond with the inspection format and are entered on Enter Inspections Screen.

Inspection information can update more than the one request.

Inspection information can update an establishment file and a request. (See instruction on inspection Section D)

ANIMAL BITE INFORMATION

Animal Bite

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

SITE 40 TERM 3076 FUNC ECPS - ENV HEALTH ANIMAL BITE MAINTENANCE

DATE - - - - - DESCRIPTION OF ANIMAL - - - - - -

| FUNC | CLIENT | RQST # | COUNTY | BITTEN | SPECIES | BREED | SEX | COLOR |
|---|---|---|---|---|---|---|---|---|
| ECAB | 0030 | 435078 | 299 | / / | | | | |

NAME OF ANIMAL RABIES TAG# VACC. DT / / YRS

ATTENDING PHYSICIAN

WHO WAS BITTEN: LAST FIRST INIT

ADDRESS

CITY ST ZIP

PHONE NO ( ) - AGE WHERE BITTEN

| QUARANTINE DATE | DISPOSITION OF ANIMAL | DATE HEAD SENT IN | TEST RESULTS | RABIES ADVISORY ISSUED ? | PRT? |
|---|---|---|---|---|---|
| / / | | / / | | N | N |

SPECIES: (1 DOG) (2 CAT) (3 RAT) (4 RACCOON) (5 HAMSTER) (6 FERRET) (7 HORSE)

(8 RABBIT) (99 OTHER)

Transmit 1 Insps 2 AR Inq

Page 1 1:30 PM

Start Inbox - Micro... GUI section C... \\172.25.2.1... Inquiry Scree... New Request Animal Bite 1:30 PM

THE FOLLOWING INFORMATION IS ENTERED IF THE REQUEST IS FOR AN ANIMAL BITE

Item 28: Date Bitten: This is the date the animal bite occurred.

Item 29: Species: Enter the appropriate species numerical code, from those identified on the form, i.e., 01,02, etc.

Item 30: Breed: This is the breed of the animal that did the biting.

Item 31: Sex: The sex of the animal that did the biting.

Item 32: Color: The color of the animal that did the biting.

Item 33: Rabies Tag #: This is the rabies tag number of the animal that did the biting.

Item 34: Vaccination Date: This is the date the animal was last vaccinated.

Item 35: Year of Vaccination: Indicate how long the vaccination is valid.

Item 36: Attending Physician: This is the doctor who is seeing the person bitten.

Item 37: Who was Bitten: This is the name, address, phone number and age of person bitten.

Item 38: Where Bitten: This indicates if the person was bitten on the head or body.

Item 39: Quarantine Date: This is the date the animal was placed under quarantine.

Item 40: Disposition of Animal: This indicates the final disposition of the animal.

Item 41: Date Head Sent In: Indicate the date the animal head was submitted for analysis, if it dies or was killed.

Item 42: Test Results: Indicate the results if the animal head was submitted for Laboratory analysis: as positive, negative or rejected.

Item 43: Rabies Advisory Issued: Indicate whether a Rabies Advisory was issued on an animal.

Item 44: Print Request: Same as Item 20.

Item 45: Comments: Same as Item 27.

Item 46: Signatures:

A. Quarantines By: This is the sanitarian who quarantined the animal.
B. By Order Of: This is the health department name.
C. Release Authorized By: This is the sanitarian who released the animal.

FOODBORNE OUTBREAK INFORMATION

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

SITE 55 TERM 05 FUNC ECPS-REQUEST/COMPLAINT FOODBORNE OUTBREAK INFORMATION

(DEFINITION OF FOODBORNE OUTBREAK): A reported instance in which two or more persons have become ill, and foodborne involvement and a connection between the two cases are suspected by public health officials.

| FUNC | CLIENT | RQST # | COUNTY | DATE OF OCCURRENCE |
|---|---|---|---|---|
| ECAF | 0030 | 435489 | 037 | 083004 |

REPORTED BY: Name: UNKNOWN

Health Department: FRANKLIN COUNTY HEALTH DEPT.

CASE NUMBER (assigned by reporting department):

PLACE OF OCCURRENCE: Street Number/Name: 122 MAIN

Town: FRANKFORT

Type of Establishment: RESTAURANT - WITH ALCOHOL

NUMBER OF PEOPLE ILL:

WAS A SPECIFIC FOOD ITEM IMPLICATED? Y/N

If so, what?

WAS A FOOD HANDLING ERROR DISCOVERED? Y/N

If so, what?

KNOWN ETIOLOGY (Laboratory evidence of a specific agent) Y/N

If yes, identity of causative agent:

UNKNOWN ETIOLOGY (Adequate laboratory evidence not obtained but epidemiologic investigation indicates foodborne illness outbreak)? Y/N

INCUBATION PERIOD 0 1 = < 1 hr 2 = 1-7 hrs 3 = 8-14 hrs 4= > 14 hrs

Transmit

Page 1 7:33 AM

Start 7:33 AM

**CABINET FOR HEALTH AND FAMILY SERVICES**

EPID 220 (Rev. 10/04)

# ANIMAL QUARANTINE NOTICE

As to the Authority of Chapter 258 of Kentucky Revised Statues (KRS 258.085)*

**YOU ARE HEREBY ORDERED TO CONFINE AND ISOLATE AT THE PLACE AND FOR THE TIME PERIOD NOTED:**

- ❑ Dog
- ❑ Cat
- ❑ Ferret
- ❑ Other _____

| Name of Animal | Species | Breed | Sex | Color | Date of Rabies Vaccination | Tag # |
|---|---|---|---|---|---|---|
| | | | | | | |

| Name of Owner | Address | Telephone # |
|---|---|---|
| | | |

**Reason for Quarantine** (include name, address and phone number of person bitten, date, attending physician, etc. **or** information on animal(s), date, attending veterinarian, etc. on case pertaining to animal bitten by another animal known or suspected to have rabies.)

_____

_____

_____

_____

**Animal is to be quarantined** (Describe in detail, if appropriate.) _____

_____

_____

| Date Quarantined | Quarantine Period (days, weeks, or months) | Release Date |
|---|---|---|
| | | |

**BY ORDER OF**

_____ **Health Department**

_____ _____

**Health Authority** **Date**

check **Disposition**

- ❑ **Died** (date) _____ head sent for examination
- ❑ **Killed** (date) _____ head sent for examination
- ❑ **Released** (date) _____ No Symptoms

**Owner's signature** _____ **Release Authorized by** _____

**IMPORTANT:** If this animal shows illness or dies, immediately notify local health officer before removing the animal or its body. Heads of all quarantined animals that die must be examined in an approved laboratory.

**Notification:** White – to owner of animal, or if unknown, to person responsible for confinement.
Canary – to person bitten.
Pink – retained by local health department.

*** Failure to comply with this issued notice as listed will result in further action as provided by KRS 258.215(5) and KRS 258.990(1)(2).**

DFS-327 (Rev. 10-89)

COMMONWEALTH OF KENTUCKY
CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR HEALTH SERVICES

# REQUEST FOR SERVICE RECORD

| Action | Request No. | County | Reporting Area | Date | Method |
|---|---|---|---|---|---|
| N - New ☐<br>C - Change ☐ | | | | | 1. Phone ☐<br>2. In Person ☐<br>3. By Letter ☐<br>4. City ☐<br>5. Other ☐ |

| Received By | Map | Section | City | Census Tract |
|---|---|---|---|---|
| | | | Yes Y<br>No N | |

Complaint/Service Address: _____ (#) _____ (Street)
_____ (City) _____ (State) _____ (Zip Code)

Condition Reported: _____

Person or Premises to See: _____

Initiated By: _____ (Last Name) _____ (First Name) _____ (Middle Initial)
_____ (City) _____ (State) _____ (Zip Code)
_____ (Home Phone) _____ (Work Phone)

Owner/Agent/Tenant Name and Address: _____ (Last Name) _____ (First Name) _____ (Middle Initial)
_____ (City) _____ (State) _____ (Zip Code)
_____ (Phone)

Indicate: O - Owner A - Agent T - Tenant

| Animal Bite | Print Request | Establishment No. | Original No. | Resolved Date |
|---|---|---|---|---|
| No N | Yes Y<br>No N | | | |

Comments: _____

---------- EXCEPTIONS ----------

| Type | Sanitarian No. | Date | Action Code | Next Inspection Date |
|---|---|---|---|---|
| | | | | F |
| | | | | F |
| | | | | F |

DFS-327a(11-92)

**CABINET FOR HUMAN RESOURCES**
DEPARTMENT FOR HEALTH SERVICES

# ANIMAL BITE REPORT AND QUARANTINE NOTICE

| Action | Request No. | County | Reporting Area | Date | Method |
|---|---|---|---|---|---|
| N - New ☐<br>C - Change ☐ | | | | | 1. Phone ☐<br>2. In Person ☐<br>3. By Letter ☐<br>4. City ☐<br>5. Other ☐ |

| Received By | Map | Section | City | Census Tract |
|---|---|---|---|---|
| | | | Yes Y<br>No N | |

**Complaint/Service Address:** _____ (#) _____ (Street)
_____ (City) _____ (State) _____ (Zip Code)

**Condition Reported:** _____

**Person or Premises to See:** _____

**Initiated By:** _____ (Last Name) _____ (First Name) _____ (Middle Initial)
_____ (Address)
_____ (City) _____ (State) _____ (Zip Code)
_____ (Home Phone) _____ (Work Phone)

**Owner Name and Address:** _____ (Last Name) _____ (First Name) _____ (Middle Initial)
_____ (City)
_____ (City) _____ (State) _____ (Zip Code)
_____ (Phone)

| Animal Bite | Date Bitten | Species | Breed | Sex |
|---|---|---|---|---|
| Yes Y | | (1) Dog (4) Racoon (7) Horse<br>(2) Cat (5) Hamster (8) Rabbit<br>(3) Rat (6) Ferret (99) Other | | Male M<br>Female F |

| Color | Name of Animal | Rabies Tag No. | Vaccination Date | No. of Years |
|---|---|---|---|---|
| | | | | |

**Veterinarian:** _____

**Attending Physician:** _____

**Who was Bitten:** _____ (Last Name) _____ (First Name) _____ (Middle Initial)
_____ (Address)
_____ (State) _____ (State) _____ (Zip Code)
_____ (Phone) _____ (Age)

| Where Bitten | Quarantine Date | Disposition | Disposition Date | Test Results | Advisory | Print Request |
|---|---|---|---|---|---|---|
| Head H<br>Body B | | Died D<br>Killed K<br>Released R | | Positive P<br>Negative N | Yes Y<br>No N | Yes Y<br>No N |

Comments: _____

Under authority of Chapter 258 of Kentucky Revised Statutes YOU ARE HEREBY ORDERED TO CONFINE AND ISOLATE AT THE PLACE AND FOR THE TIME PERIOD DESIGNATED:

Quarantined By: _____

By Order of _____ Health Department Release authorized by: _____

IMPORTANT: IF THIS ANIMAL SHOWS ILLNESS OR DIES, IMMEDIATELY NOTIFY LOCAL HEALTH OFFICER BEFORE REMOVING THE ANIMAL OR ITS BODY. HEADS OF ALL QUARANTINED ANIMALS THAT DIE MUST BE EXAMINED IN AN APPROVED LABORATORY.

(Rev. March, 1993)

## NOTICE AND ORDER TO VACCINATE DOG, CAT OR FERRET AGAINST RABIES

IN ACCORDANCE WITH SECTIONS 258.085 TO 258.085 AND 258.990(1) OF THE KENTUCKY REVISED STATUES

Date _____

TO: _____
Name of Owner

_____
Address

_____
Signature of Owner or person responsible

Pursuant to authority conferred by Kentucky State law, you care hereby ordered, within a period of _____ days after receipt of this notice, to have the dog, cat or ferret described below vaccinated against rabies by a licensed veterinarian or other person authorized by the Kentucky Department for Public Health.

Name of animal _____ License Number _____

Age _____ Sex _____ Breed _____ Color _____

Failure to have your dog vaccinated is punishable by a fine of not less than ten dollars ($10.00 nor more than on hundred dollars ($100.00). Each day of violation constitutes a separate offense.

By: _____ License Number _____

_____ Department of Health

Distribution: Original to owner of dog, cat or ferret
Copy retained by local health department

KENTUCKY DEPARTMENT FOR PUBLIC HEALTH EPID - 223 (10-04)

Reporting Area: 697
Action Code: E

# SECTION D

# ENVIRONMENTAL INSPECTIONS AND ACTIVITIES

Included in this section are instructions for recording and entering environmental inspection activities.

# MASTER FILE INSPECTION

## Inspections

The Master File Inspections are all inspection activities conducted for establishments, request for service or animal bite records in the master file. Such inspections must utilize an establishment or request number and be entered on Drop Down Tab inspections under Enter Inspections. A complete listing of Service Codes are provided in Section G.

A copy of all completed enforcement action and sample analysis forms are to be submitted to your data processing site.

## Other Environmental Activities

Other Environmental Activities are all inspection activities, which are not related to an establishment. Request for Service or Animal Bite record on the Master File. Such inspections are recorded on the Environmental Activity Report, DFS-333. Data is entered on Drop Down Tab Inspections under Enter Activities.

NOTE TO SYSTEMS OPERATORS:

When an enforcement action for an Establishment, Request for Service or Animal Bites accompanied by an inspection sheet, the action is entered on the same line as part of that inspection.

When an enforcement action is not accompanied by an inspection sheet, utilized Service Code 12 with no score and the enforcement action.

# INSPECTION SCREENS

## Enter Inspection Batch Target

NOTE: THIS SCREEN IS NO LONGER USED.

## Enter Inspections

This screen is used to enter inspections on an Establishment, Request for Service, or an Animal Bite.

The establishment must have an establishment number set up in the system. If an establishment number has not been assigned, build the establishment into the Master File. With the Enter Inspections Screen enter all inspections and enforcement action related to the establishment. All Environmentalists should have access to a Mobile Environmental computer to conduct most environmental routine program inspections.

## Enter Activities

This screen is used to enter information on activities conducted, which is not related to an establishment. This screen is used for services and enforcement actions, which do not have an establishment or request number.

## Delete Inspections

This screen is used to void out any service entered through Enter Inspections and Enter Activities Screens inaccurately or by mistake.

NOTE: INSTRUCTIONS FOR COMPLETION OF EACH SCREEN ARE PROVIDED IN DETAIL WITH THIS SECTION.

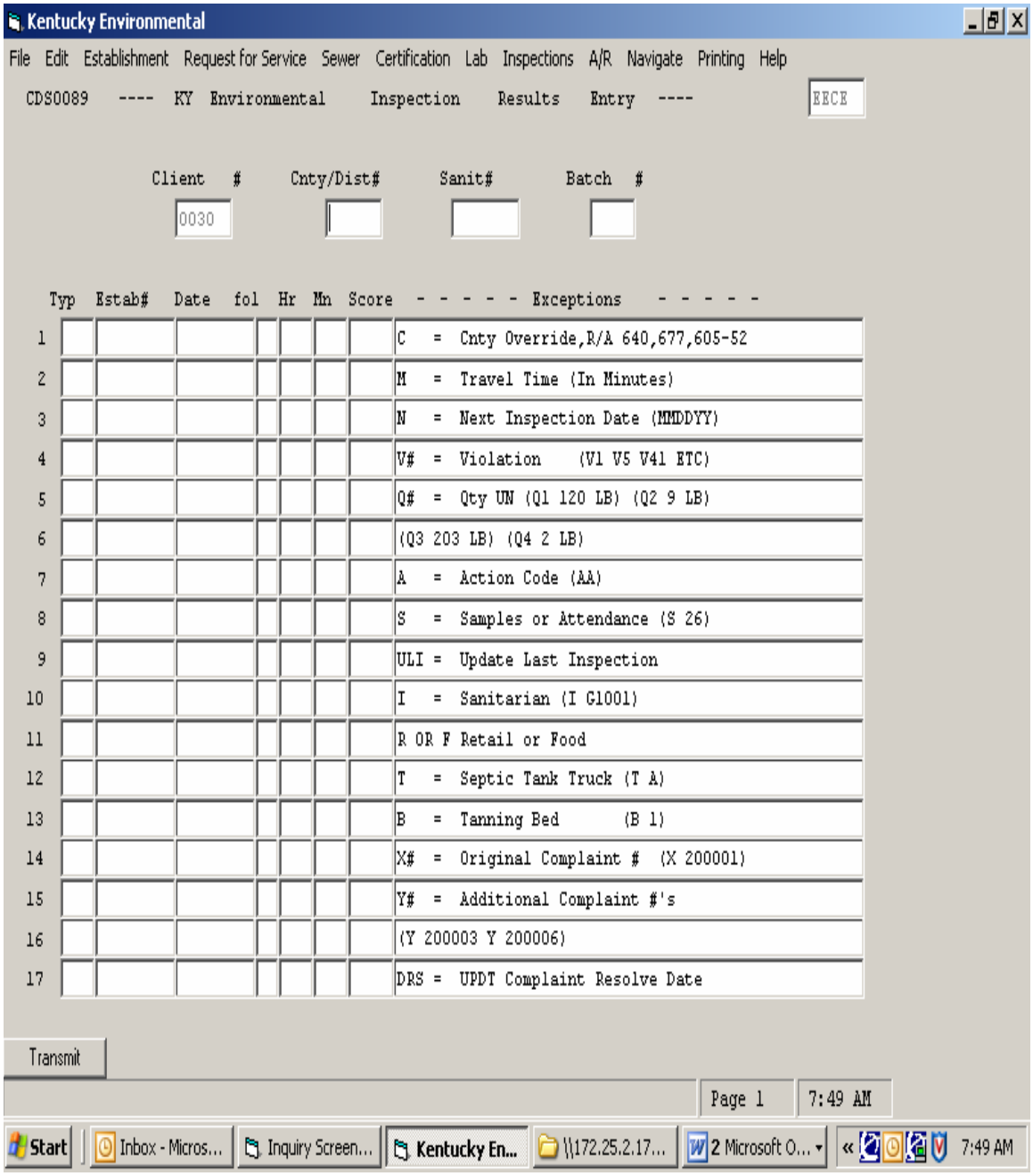
## Sanitarian Insp History

To review all services by a sanitarian –

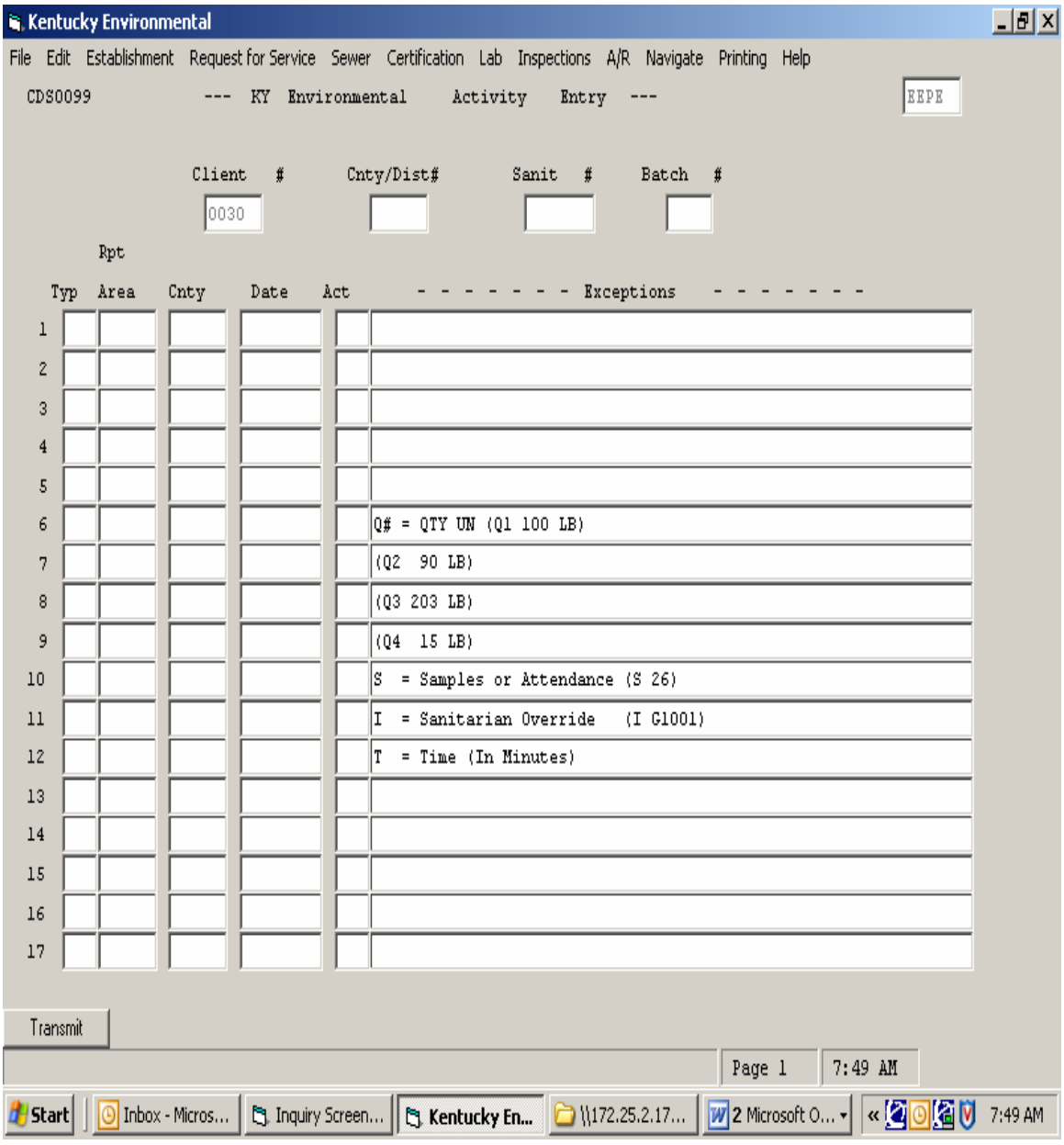
NOTE: This selection on drop down menu has a ">" arrow alerting you to other options. They are as follows:

A. By Est #
B. By Date
C. By Date By County
D. By Date By Rpt Area
E. By Date By Both Cnty/RA

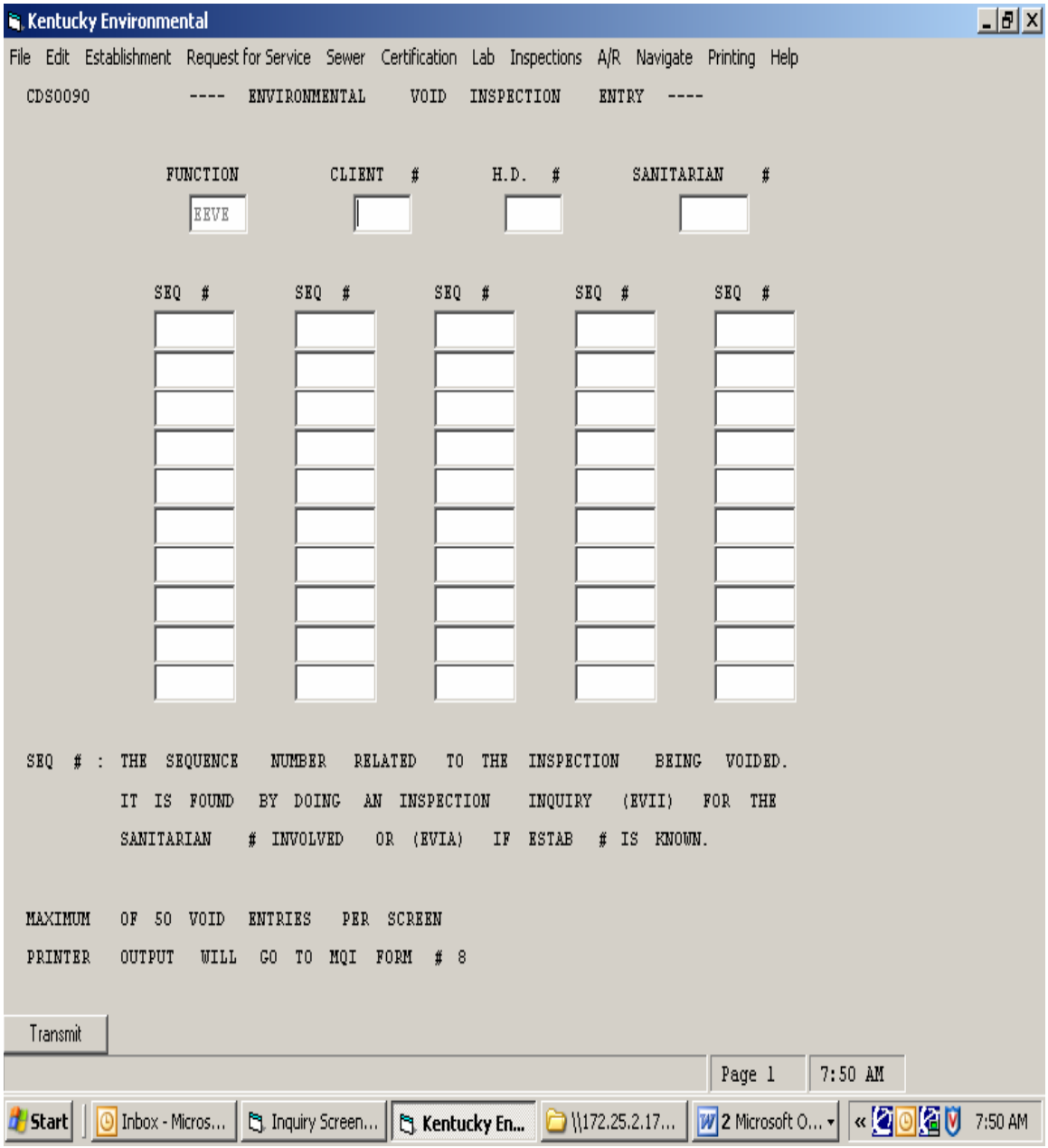
ENTER INSPECTIONS SCREEN



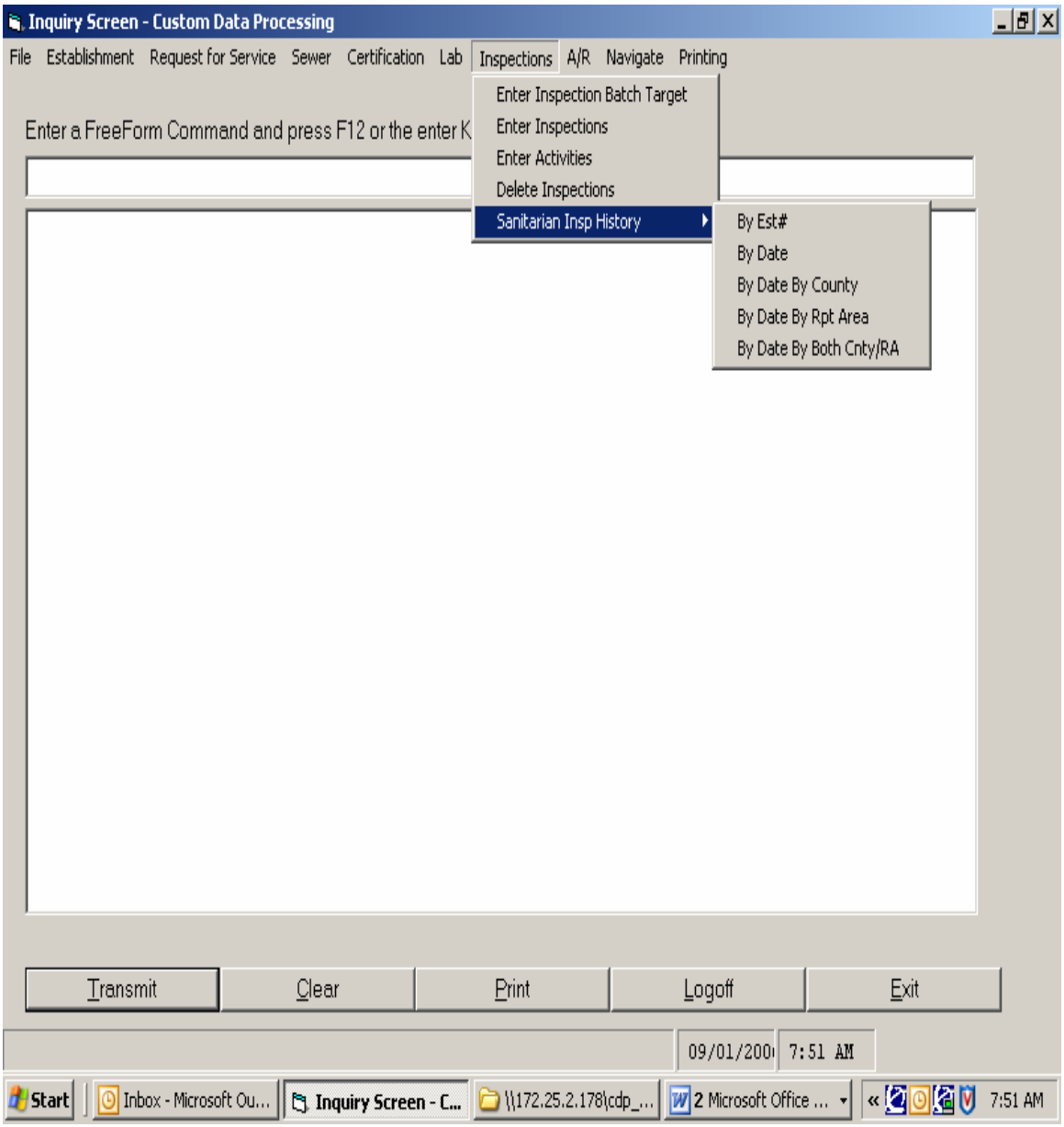
ENTER ACTIVITIES SCREEN



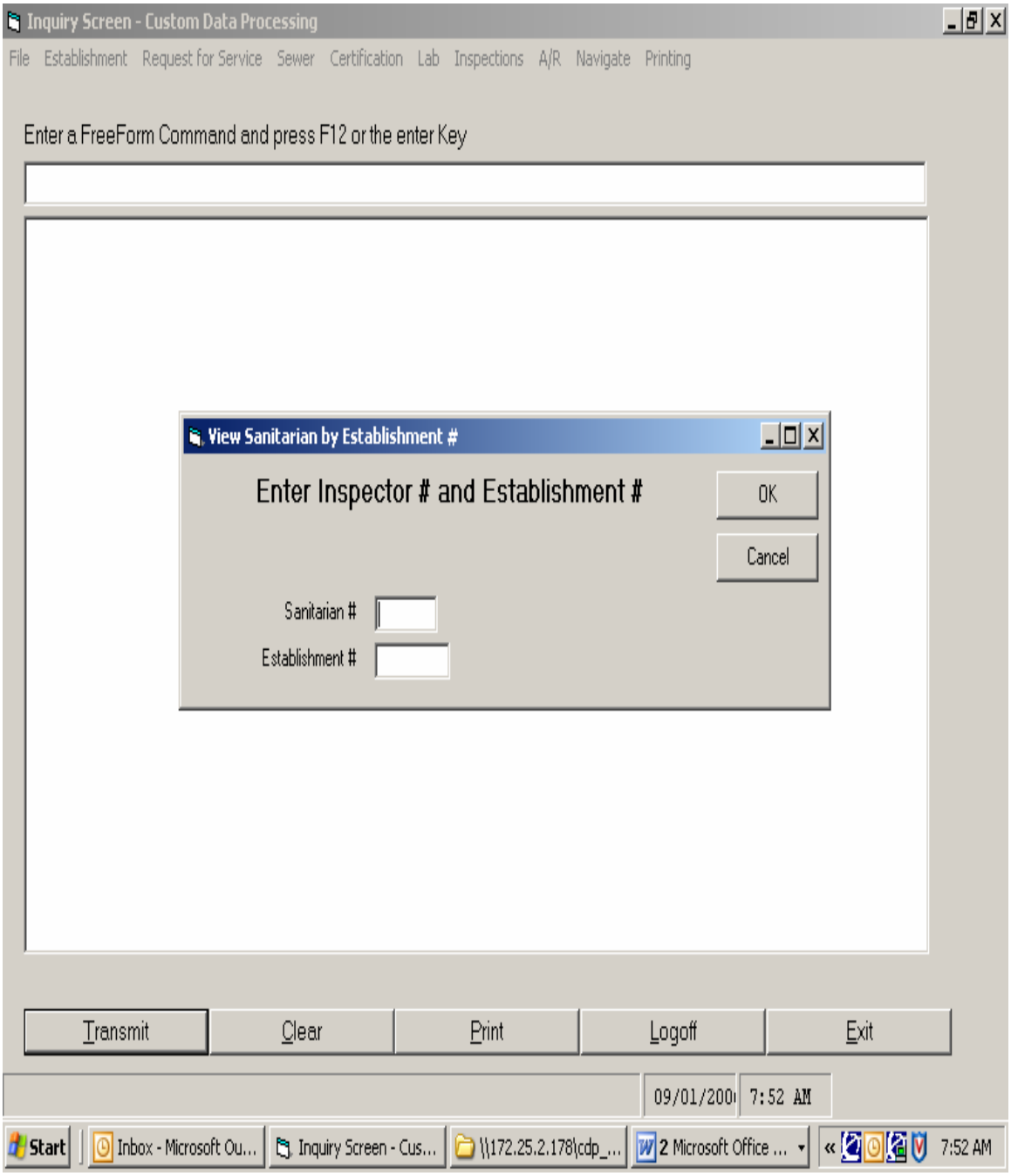
DELETE INSPECTIONS SCREEN



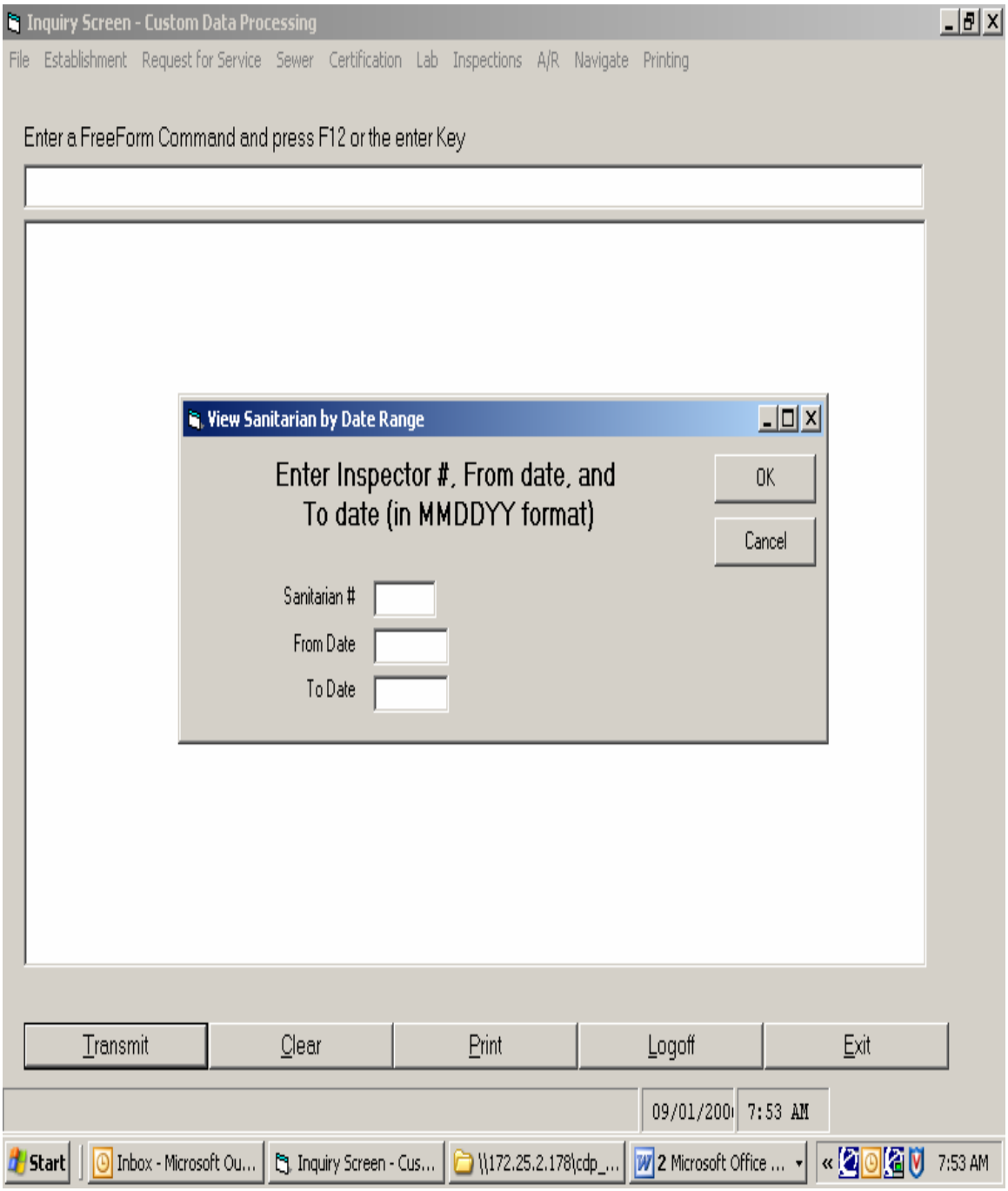
SANITARIAN INSP HISTORY



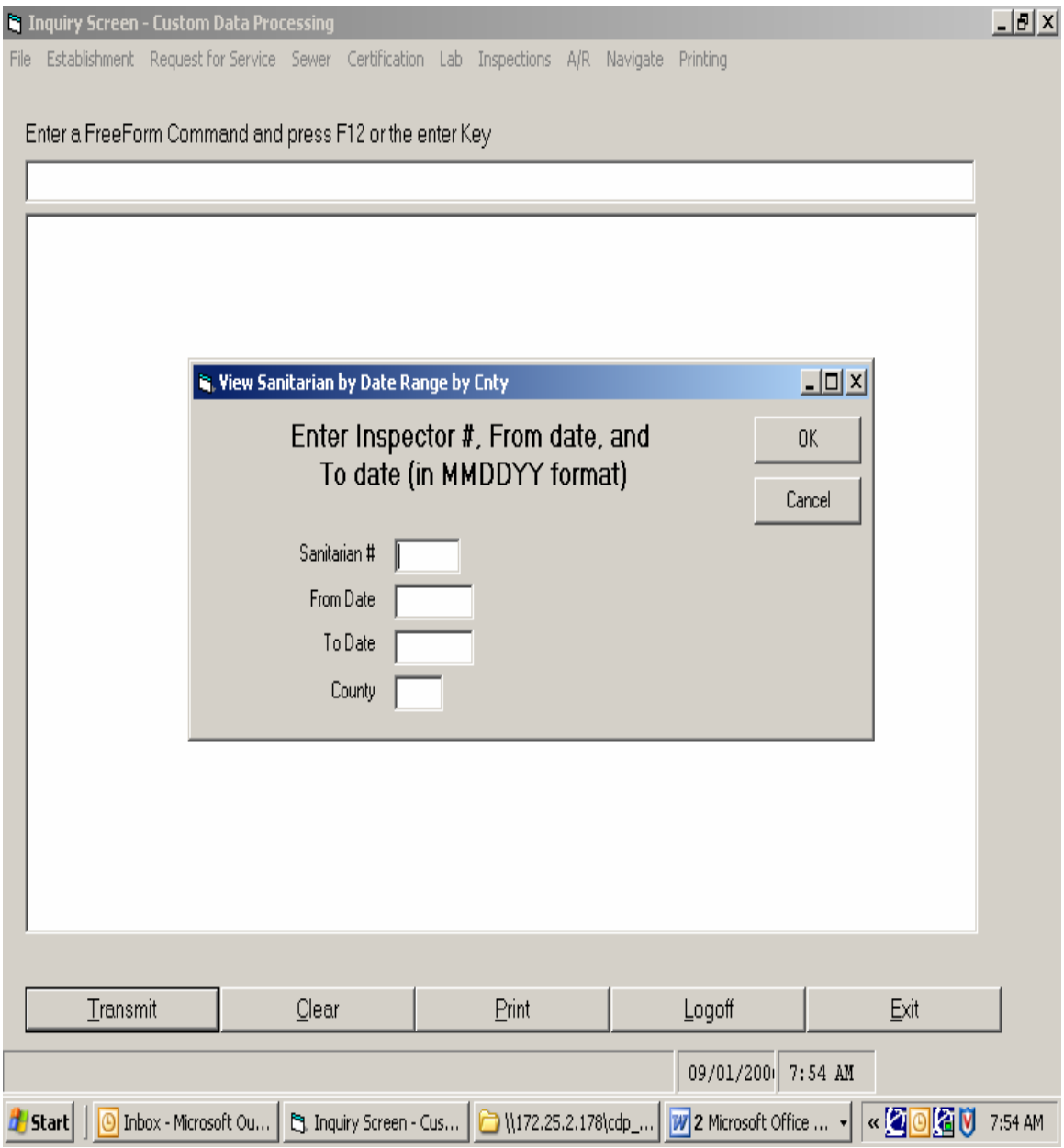
LOOKUP BY EST #



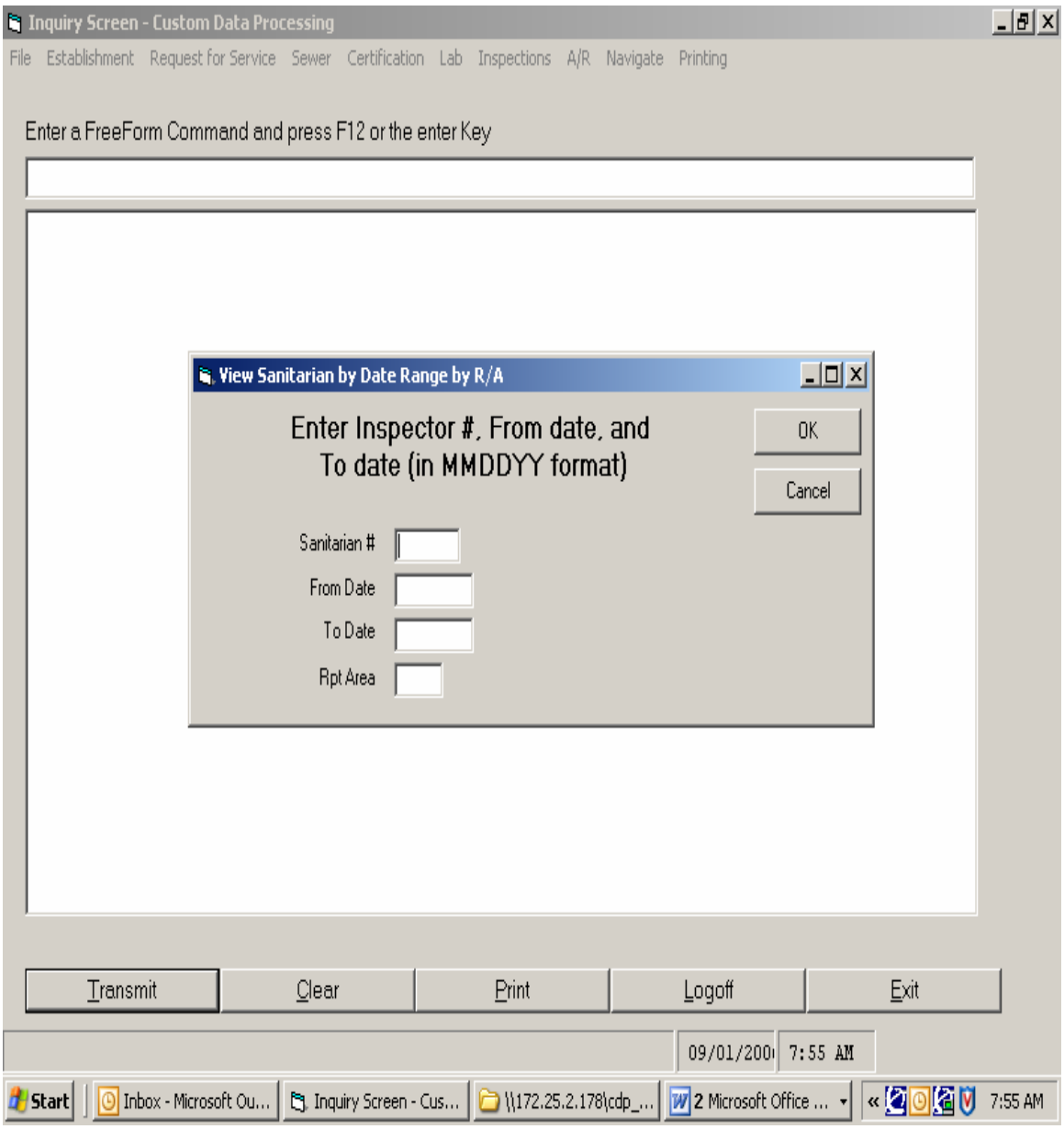
LOOKUP BY DATE



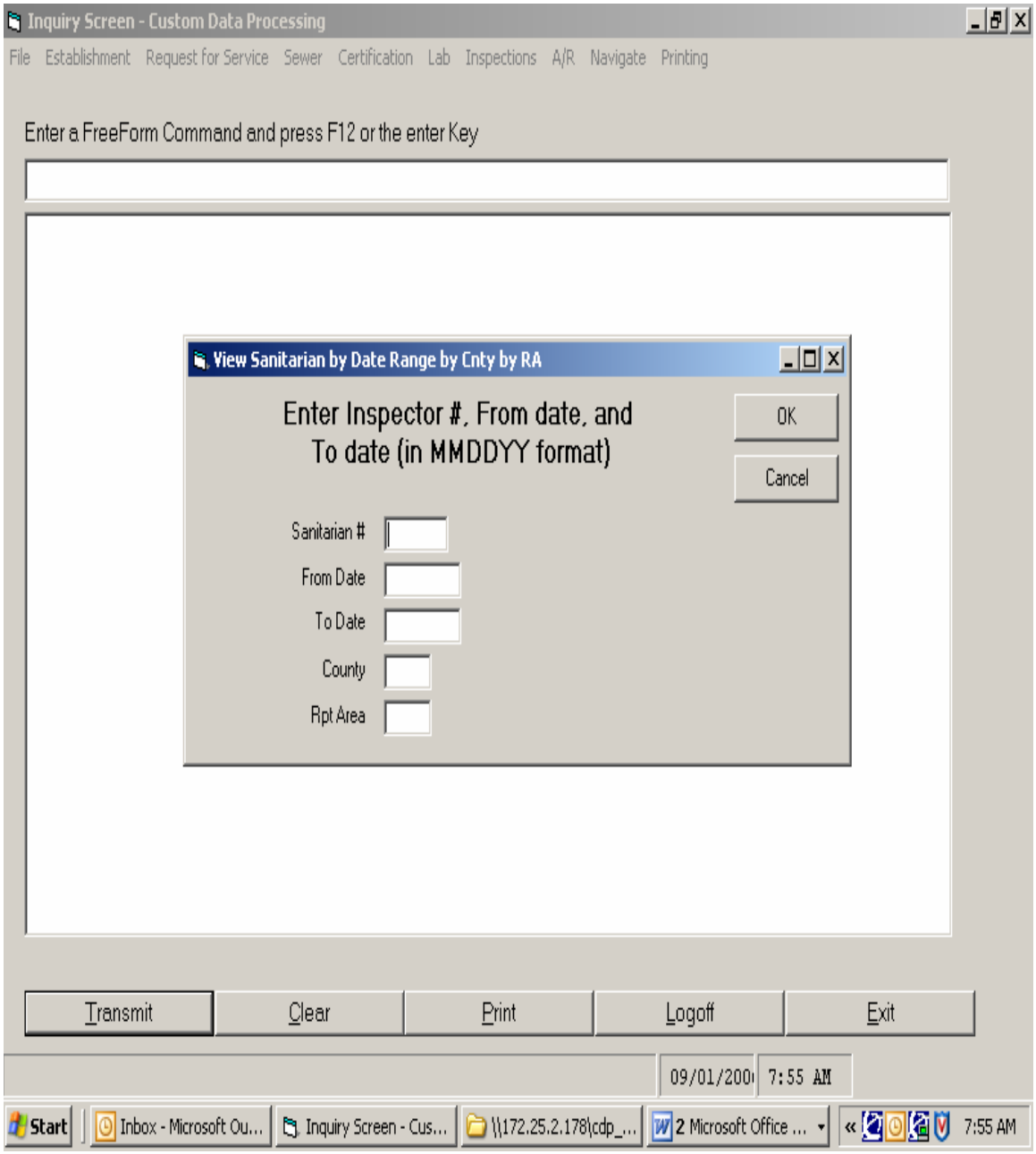
LOOKUP BY DATE BY COUNTY



LOOKUP BY DATE BY RPT AREA



LOOKUP BY DATE BY BOTH CNTY/RA



Enter Inspections Screen:

| | |
|---|---|
| Item: Client: | This code is always 30 which represents Kentucky. |
| Item 1: Cnty/Dist #: | This is the Health Department I.D. Number. |
| Item 2: Sanitarian #: | This is the Employee I.D. Number. |
| Item 3: Batch #: | This is not used on Enter Inspections Screen only on A/R Entry. |
| Item 4: Type: | This is one of the Twelve Types of Service Codes. (See Section G) |
| Item 5: Estab #: | This is the Establishment or Request number assigned by the computer. |
| Item 6: Date: | The date is entered by the month, day and year the service occurred. |
| Item 7: Fol: | Enter a "Y" if a follow-up is needed. |
| Item 8: Hr and Min: | This is the length of time it took to provide the service. |
| Item 9: Score: | This is the Rating Score of the service. |
| Item 10: Exceptions: | This Exceptions information covers a broad range of functions. The functions include overrides which allow the operator to circumvent a specific rule: entry of enforcement actions; enter of violated items: action codes; update of records files; etc. below are brief descriptions of each |

function. Mobile Food units are requested to be sent into Frankfort office to Food Safety Branch.

1. C (County Number): This is a county code override for master file Establishments or records outside of your local health department jurisdictional area, i.e., mobile food units or septic tank cleaners. This is entered : C 136.
2. N (Next Inspection Date): This is an override to the routine or normal inspection interval for an establishment, request for service or an animal bite. Using this override the establishment or request will appear on the Roster of Inspections to be completed at the requested time. Upon completion of that inspection, the establishment will revert back to the designated inspection interval on the master file. This is entered: F 010106.
3. V # (Violation Number): This is utilized to enter items violated during an inspection. These are entered: V3 V10 V12.
4. Q # (Quarantine Number): This following Quarantine Codes are utilized to record the total pounds or number of product quarantined, voluntarily destroyed, condemned or released. All food must be recorded in pounds. It is possible to have multiple types of quarantine codes with one inspection.

   Q1 is Quarantined.
   Q2 is Voluntarily Destroyed.
   Q3 is Condemned.
   Q4 is Released.

   These are Entered:

   Q1 400 LB or EA
   Q2 400 LB or EA
   Q3 1000 LB or EA
   Q4 40 LB or EA

5. A (Action Code): This code allows an enforcement action to be entered when taken against an establishment, request for service or animal bite. This is entered: AE or AA.
6. S (Samples or Attendance): This code is utilized to record the number of samples taken, number of rat bait given out or the attendance of training sessions, etc. This is entered: S 20 or S 100.
7. ULI (Update Last Inspection): This code is utilized to override the routine or normal sequence in which the system sorts the inspections on the Establishment Master File. This is necessary for inspection Types 2 or greater conducted on the same day or when inspections are entered in error. An example of a situation in which this code would be used:

   A. A complaint and a follow-up conducted on the same day.
   B. Two follow-ups on the same day.

   NOTE: In the examples above, each inspection must be entered separately – which means separate screens must be used. Enter the first inspection and transmit. When this inspection is accepted, next enter the second inspection using the ULI in the exceptions area. This will result in the proper record appearing as the last inspection on the Master Establishment File.

   C. An inspection has been entered under the wrong establishment number.

   In this example, the following 5 steps are required to resolve the error.

   1. Void the inspection entered in error.

2. Void the last regular inspection and the last inspection (which may be the same record or different records) for this establishment.
3. Enter the regular inspection first, using the ULI in the exceptions area and transmit.
4. After the regular is accepted, enter the last inspection and transmit.
5. Enter the inspection that had originally been entered in error using the correct establishment number.

NOTE: If any actions, quarantines, etc., were a part of the voided inspections, these must be re-entered as part of the inspection also.

8. I (Sanitarian/Inspector): This code is an override to allow the operator to enter inspections for multiple sanitarians on the one screen.

   IMPORTANT NOTE: This code must be utilized for each inspection and is entered: I G1099.

9. R or F: This code is utilized to identify, which part of a Retail Food Combination the inspection if for R – Retail or F – Food Service.
10. T (Septic Tank Truck): This code is utilized to identify, each Septic Tank Cleaner Vehicle that was inspected. This is entered: TA TB TC.
11. B (Tanning Bed Number): This code is utilized to identify, each tanning bed that was inspected. This is entered: B1 B2 B3.
12. X# (Update complaint record): This code override updates an Request for Service record by an inspection conducted on an establishment. This is entered X (Request #).

13. Y# (Update Complaint to Complaint Record): This code allows up to five (5) Request for Service Records to be updated from one inspection. This is entered Y (Request #) (Request #) etc.
14. DRS (Update Complaint Resolved Date): This code is utilized to update the Resolution Date from the inspection date.
15. M (Travel Time): This code is utilized to enter travel time to conduct an inspection.

Enter Activities Screen:

Item 1: Q# (Quarantine Number): The following Quarantine Codes are utilized to record the total pounds or number of product quarantined, voluntarily destroyed, condemned or released. All food must be recorded in pounds. It is possible to have multiple types of quarantine code with one inspection.

Q1 is Quarantined
Q2 is Voluntarily Destroyed
Q3 is Condemned
Q4 is Released

These are Entered:

Q1 400 LB or EA
Q2 400 LB or EA
Q3 1000 LB or EA
Q4 40 LB or EA

Item 2: S (Samples or Attendance): This code is utilized to record the number of samples taken, number of rat bait given out or the attendance of a training session, etc.

Item 3: I (Sanitarian/Inspector): This code is an override to allow the operator to enter inspections for multiple

sanitarians on one screen. This is entered: I G1090.

Item 4: T (Time): This allows the time to be entered with any service that is provided. Time is reported in minutes. This is entered: T30 T120.

INSTRUCTIONS FOR COMPLETING ENVIRONMENTAL ACTIVITY REPORT FORM DFS-333.

NOTE: This report is to be submitted WEEKLY. The week ending date is each Friday, and the forms are to be submitted each Friday afternoon to your processing person.

The only services to be coded on this form are those services, which can't be related back to the master record with an inspection sheet or enforcement action form.

If you should not have any direct services to be reported during one week a form must be submitted with the top of the form completed and "NO SERVICES" written on the first line of the form.

The Project Reporting Areas are listed in Section G of this manual.

ALL HEALTH DEPARTMENTS SHOULD NOW HAVE A MOBILE COMPUTER. THESE ARE SUPPOSED TO BE USED FOR MOBILE INSPECTIONS AND THIS TAKES THE ENTERING OF ROUTINE INSPECTIONS OUT OF THE HANDS OF THE CLERKS. UNLESS YOU HAVE MULIPLE INSPECTORS WITH ONLY ONE COMPUTER.

ENVIRONMENTAL ACTIVITY REPORT (DFS-333)

NOTE: Each Item listed below follows form DFS-333 and input on Enter Activities Screen.

Item 1: Health Department ID Code: This code is to be taken from the attached Local Health Department Location/ Identification Codes Listing. This represents the accounting identification code for your health department. (See Section G).

Item 2: Employee Class and Identification Codes: The Employee Class is that classification or your present position: i.e., G1, G2, G3, etc. Do not use Roman numerals. The three digit unique identification code is assigned by the Division of Local Health department (Lexington and Louisville).

Item 3: Week Ending Date: The date entered here will be Friday of each week.

Item 4: Employee Name: the name of the employee is entered here by Last, First, and Middle Initial.

Item 5: Line Count: 1 through 25.

Item 6: Service Code: This code is taken from the attached list of Service Codes (See Section G).

Item 7: Project Reporting Area: This code is taken from the attached listing of Project Reporting Areas. (See Section G)

Item 8: Location: This code is to be taken from the attached Local Health Department Location/Identification listing. The Location Code identifies the county in which the service is provided. The Health Department I.D. Code and the Location Code are the same unless you are in the district health department.

An arrow is to be drawn down the Location Column to indicate all services are provided in the same county. (See Section G)

Item 9: Date of Service: Each date of service must be entered as a four (4) digit figure by day, and an arrow is to be drawn between dates of service to indicate all services conducted on that day. October 1 should be written – 10-01. Do not skip lines. Do not enter a date for days on which no direct services were rendered: i.e., days on sick leave, annual leave, attending training sessions, or days when only inspections were conducted on establishments which have a permanent record built into the system.

Item 10: Place of Service: The name, address, lot number, etc., for each service.

Item 11: Action Code: This code is taken from the attached list of Action Codes. (See Section G)

Item 12: Attendance: This area is used in conjunction with the service codes – 08 "Office Activity", 09 "Clinic or Survey", 10 "Educational Service" and 11 "Samples".

In conjunction with Service Code 08, this area is used to indicate the number of construction plans reviewed in each program.

In Program 674, Service Code 08, this area is used to indicate the number of rat bait distributed by location.

In conjunction with Service Code 09, this area is used to record the number of animals vaccinated at the clinic and of the number of establishments surveyed. This code is to be used on the last day of the clinic or survey. When coding a clinic or

survey, the attendance area must be completed in conjunction with Service Code 10. this area is used to indicate the actual number of people attending a class or seminar conducted by the health department.

In conjunction with Service Code 11, this area is used to indicate the number of samples collected on each visit. When coding samples, this area must be filled out.

DFS-333

DFS-333 (08-96)

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH

**LOCAL HEALTH DEPARTMENT**

**Environmental Non-Complete Inspection Activity Report**

1. ☐☐☐ Health Dept. I.D. Code

2. ☐☐ – ☐☐☐ Class No. Employee Class I.D.

3. ☐☐ ☐☐ ☐☐ Mo. Day Yr. Week Ending

4. _____ Last First M.I.

| LINE NO. | TYPE OR SERV. OO | PROJ. RPT. AREA OOO | LOC. OOO | DATE OF SERVICE OO-OO | PLACE OF SERVICE | ACTION TAKEN X | ATTEN DANCE OOOO |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
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INSTRUCTIONS FOR COMPLETING ENVIRONMENTAL NON-COMPLETE INSPECTION ACTIVITY REPORT CONTINUATION SHEET FORM DFS-333a.

NOTE: Only use this document when direct services rendered during a one (1) week period exceed 25 lines.

Item 1: Employee Name: Enter your name just as it its entered on Activity Report Form (DFS-333)

Item 2: Line Number: Start entries on the first line with the number "26" and number consecutively for as many lines as are required. If a third document is required, the first number would be "61". Do not skip lines. The remainder of this form is completed as per instructions for DFS-333.

DFS-333a

DFS-333(a) (10-86)

CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR HEALTH SERVICES

LOCAL HEALTH DEPARTMENT

Environmental Non-Complete Inspection Activity Report
Continuation Sheet

Employee Name

| LINE NO. | TYPE OR SERV. 00 | PROJ. RPT. AREA 000 | LOC 000 | DATE OF SERVICE 00-00 | PLACE OF SERVICE | ACTION TAKEN X | ATTEN-DANCE 0000 |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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# SECTION E

# ACCOUNTS RECEIVABLE

This section provides instruction and operational procedures for renewal applications, invoicing, payment processing, and permit issuance by local health departments.

# ACCOUNTS RECEIVABLE

## Applications and Invoices

Before the anniversary or renewal date, all Establishments which are required to pay a permit and/or inspection fee have an open invoice created in the Accounts Receivable File. At this time renewal applications or invoices are also generated and mailed to each establishment.

For establishments which begin operation after the renewal applications or invoices have been generated, an application or invoice is created by utilizing New Establishment Screen and entering an "I" in the Print Application Field. Applications and invoices generated by New Establishment Screen must be printed each Friday.

If payment is not received, a Final Notice is generated and mailed to each establishment.

## Payment

Accounts Receivable processing is conducted utilizing invoices. The three functions conducted by invoice are as follows:

(1) Create or set up an invoice.
(2) Clear an invoice by crediting payment to an establishment.
(3) Write off an invoice. All invoices which are written off must have a completed Write Off Form explaining why the invoice was cleared without crediting the establishment.

(4) When payments are received, each invoice is entered into the Accounts Receivable File utilizing A/R Entry Screen.

(5) As Payments are processed, each cleared invoice will trigger a permit to be automatically generated each Thursday night. You will be able to print on Friday morning.

NOTE: The pages in this section titled “Accounts Receivable”, are provided as instructions to set up and/or clear invoices. An example is provided for each program that has a permit and/or inspection fee.

# A/R SCREENS

## A/R Batch Entry:

This screen is used to set up the amount of money to be entered. Money cannot be entered without setting up a batch. To write-off money, you must have a batch. (the batch used for Write-off money is always Batch 99).

## A/R Entry:

This screen is used to set up an open invoice, make a payment, or to write-off money owed to an establishment.

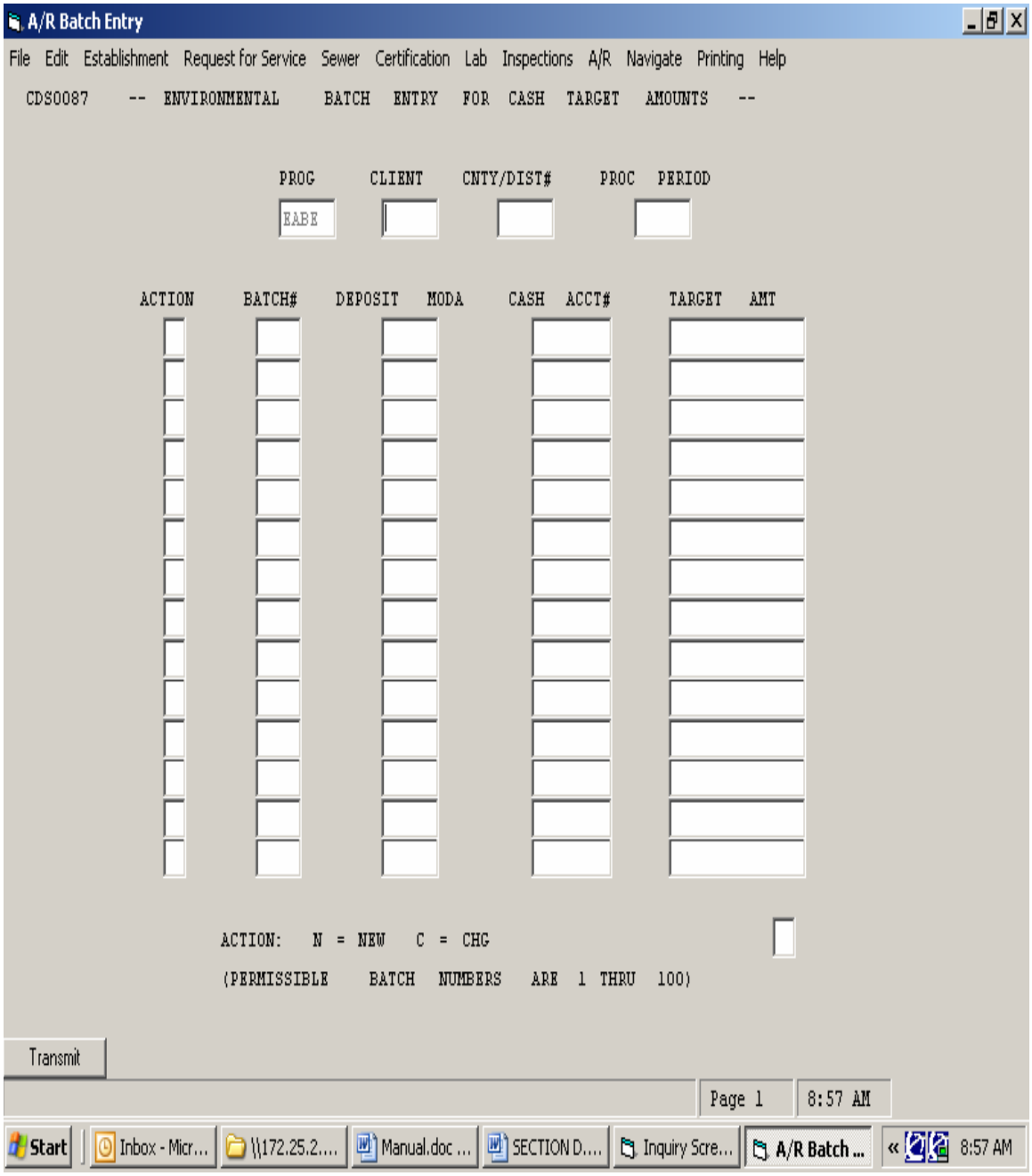
## A/R Batch Inquiry:

To inquire into cash batches entered for the month.

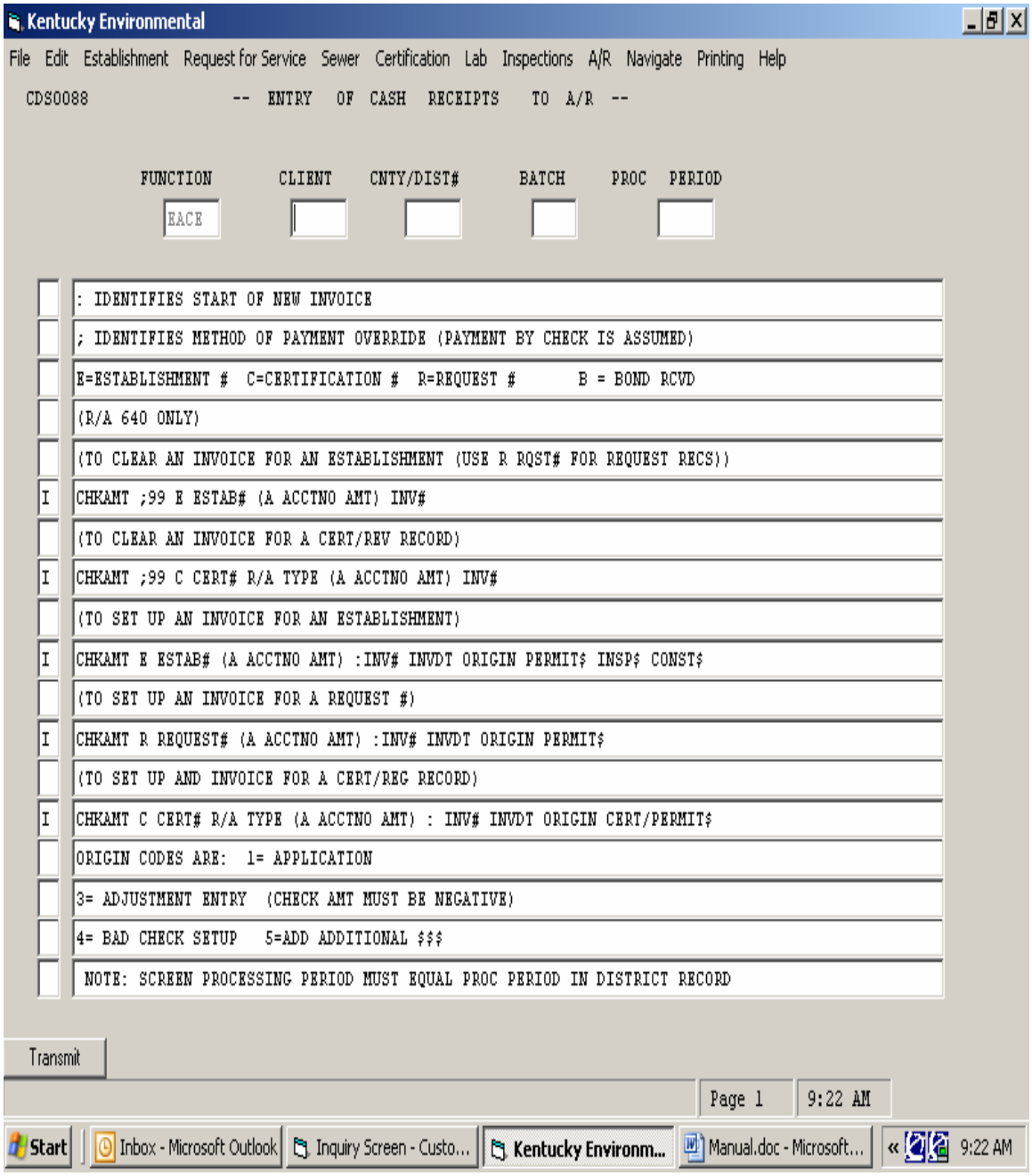
## A/R Inquiry:

This can be utililized to find Invoice number, Permit number, Break down of money, Certification, etc.

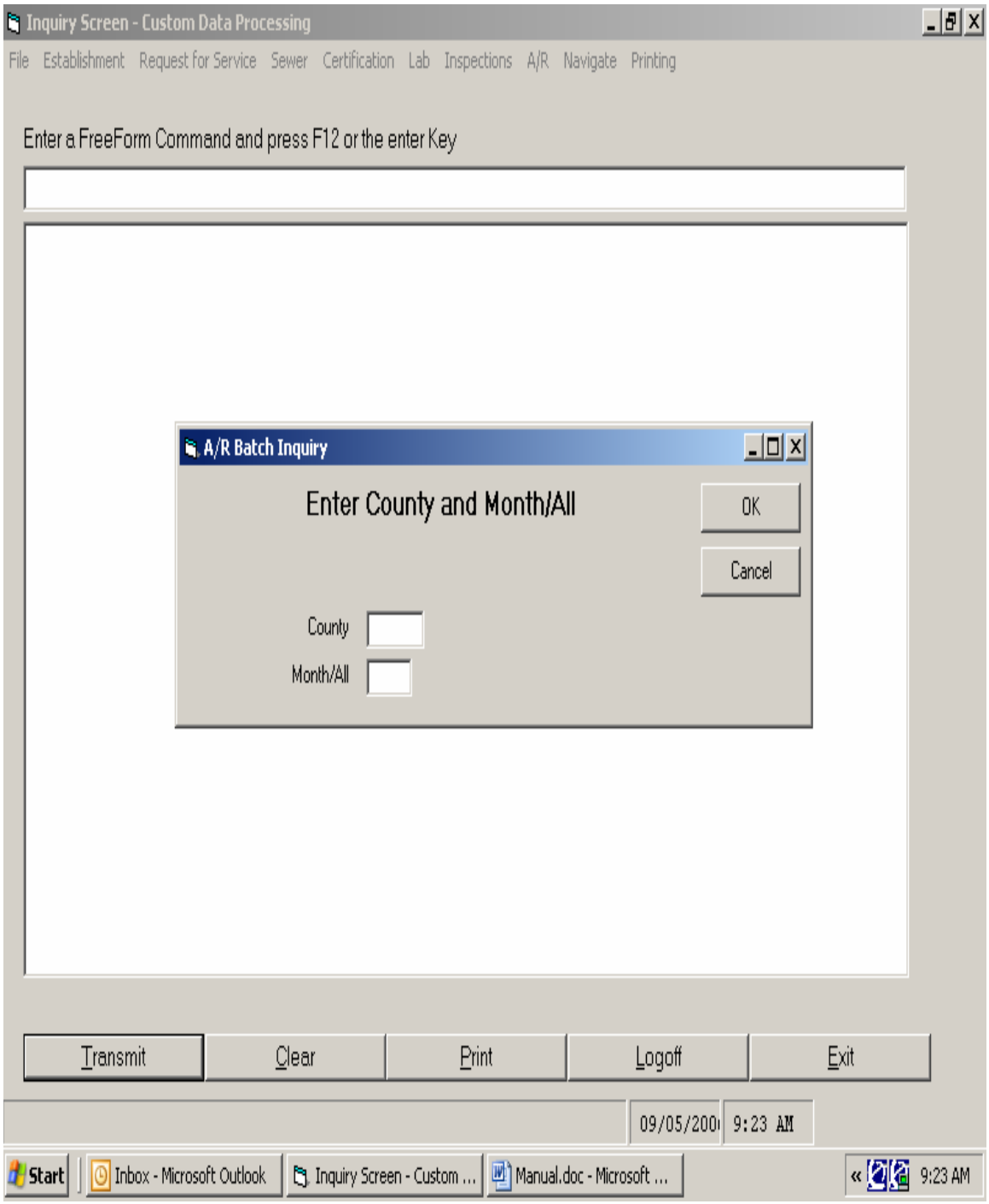
A/R BATCH ENTRY SCREEN



A/R ENTRY SCREEN



A/R BATCH INQUIRY BLOCK



# ENVIORNMENTAL WRITE-OFF FORM

ESTABLISHMENT NAME: _____

COUNTY: _____ PERMIT: _____

AMOUNT: _____ PROCESSING MONTH/YEAR: _____

REASON FOR WRITE-OFF:

_____

_____

_____

_____

SUBMITTED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

TITLE: _____

WRITE-OFF ACCOUNT #: _____ DATE: _____

# REQUEST FOR REFUND

TO: DEPARTMENT FOR PUBLIC HEALTH
DIVISION PUBLIC HEALTH PROTECTION AND SAFETY
CLYDE BOLTON, DIRECTOR

FROM: _____ DATE: _____
(SIGNATURE) (DATE)

_____
(TITLE)

_____
(HEALTH DEPT.)

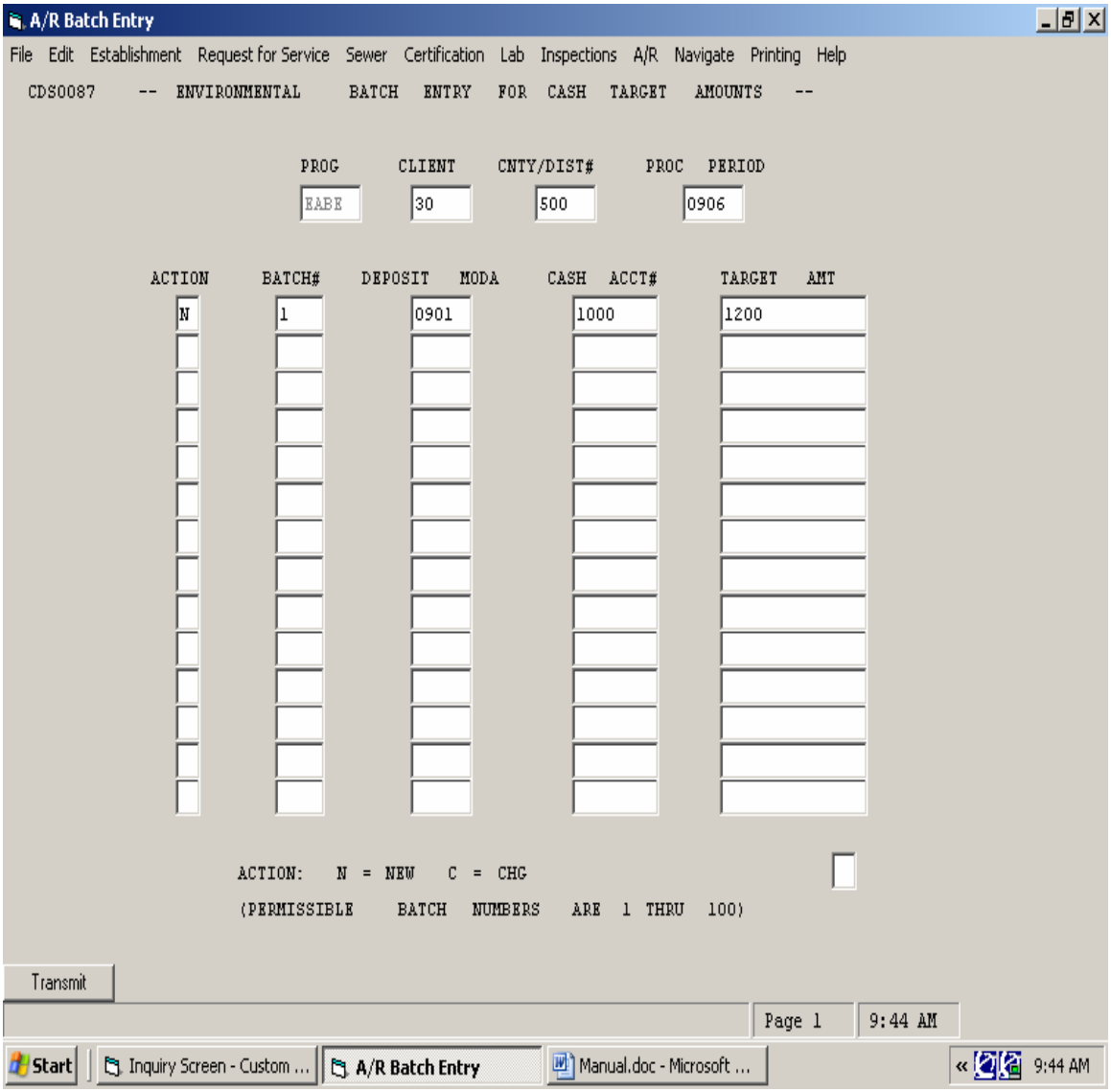
PLEASE REFUND THE FOLLOWING FEE:

| PERMIT # | NAME/ADDRESS OF APPLICANT | TYPE OF ESTABLISHMENT | AMOUNT OF REFUND |
|---|---|---|---|

REASON FOR REFUND:

Appointing Approval: _____ Date: _____

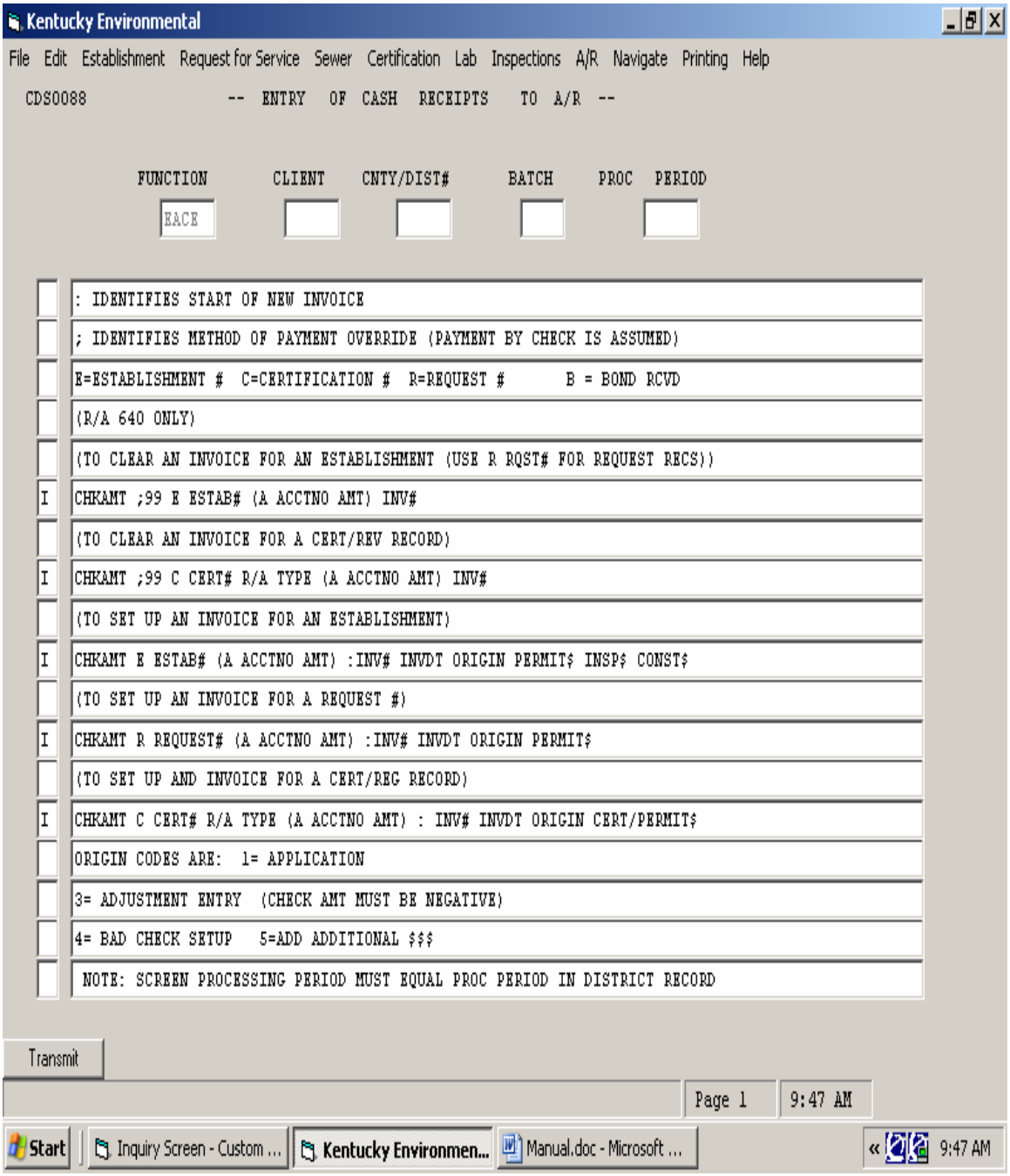
# A/R BATCH ENTRY SCREEN
# EXAMPLE 1




PROCESSING PERIOD IS THE PROCESSING MONTH THAT YOU ARE WORKING IN AND THE MONTH THAT YOU WANT THE MONEY TO SHOW UP ON THE REPORT 50. DEPOSIT DATE IS THE MONTH AND DAY THE MONEY WAS DEPOSITED.

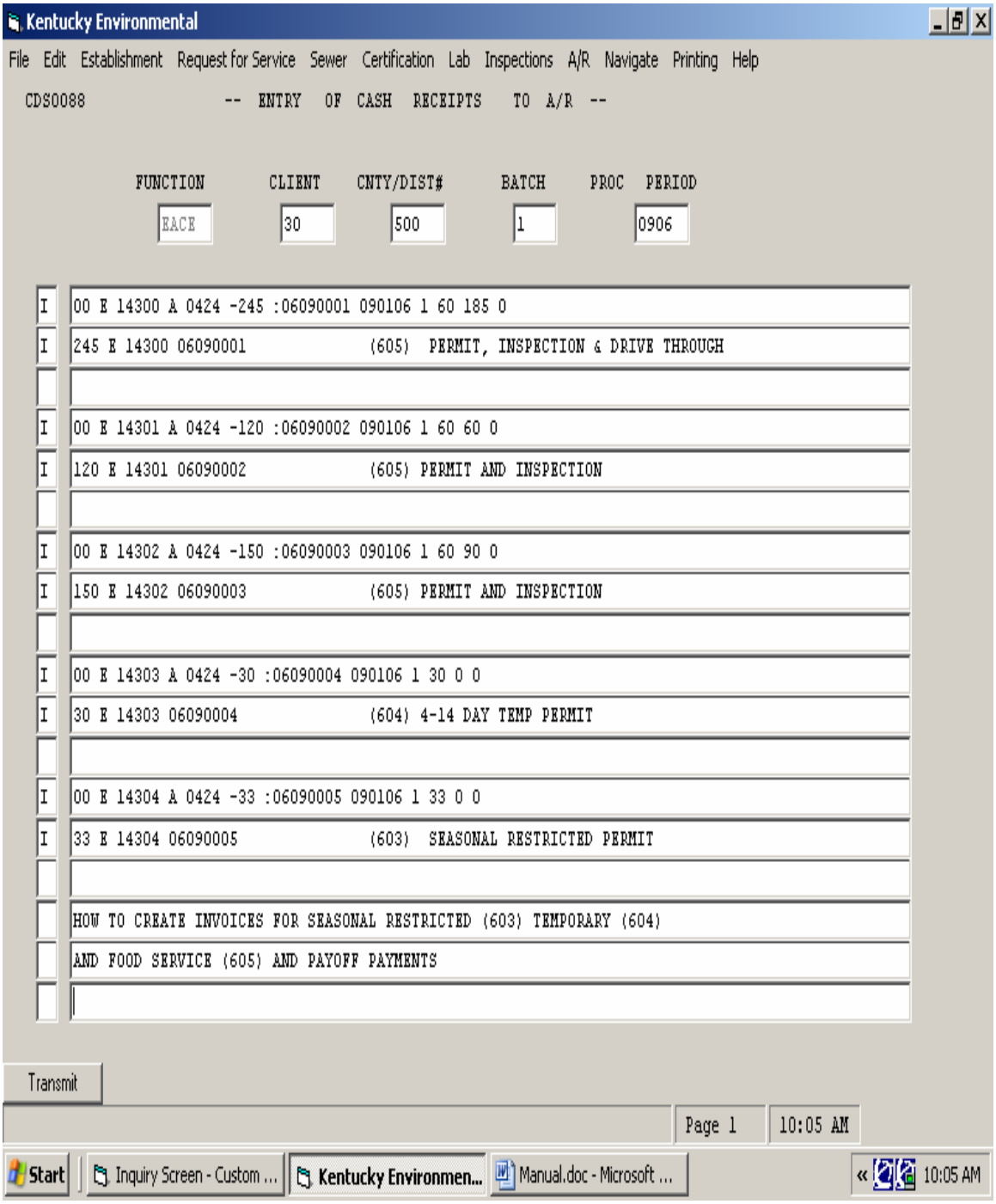
WHEN YOU BEGIN PROCESSING MONEY YOU MUST CHANGE PROCESSING PERIOD TO MATCH THE PROCESS DATE WHICH YOU ARE ENTERING UTILIZING SCREEN E9.

A/R ENTRY
EXAMPLE 2




**<u>TO CLEAR SCREEN PRESS F5.</u>**

A/R ENTRY
EXAMPLE 3



A/R ENTRY
EXAMPLE 4

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  00 E 14305 A 0424 -27 :06090006 090106 1 27 0 0
I  27 E 14305 06090006                    (606)  COMMISSARY

I  00 E 14306 A 0424 -134 :06090007 090106 1 27 107 0
I  134 E 14306 06090007                   (606)   COMMISSARY PERMIT & INSP.

I  00 E 74307 A 0424 -107 :06090008 090106 1 0 107 0
I  107 E 14307 06090008                   (606)   MACHINE INSP.

   HOW TO CRATE INVOICES FOR VENDING COMMISSARIES AND MACHINES (606) AND
   PAYOFF PAYMENTS.
```

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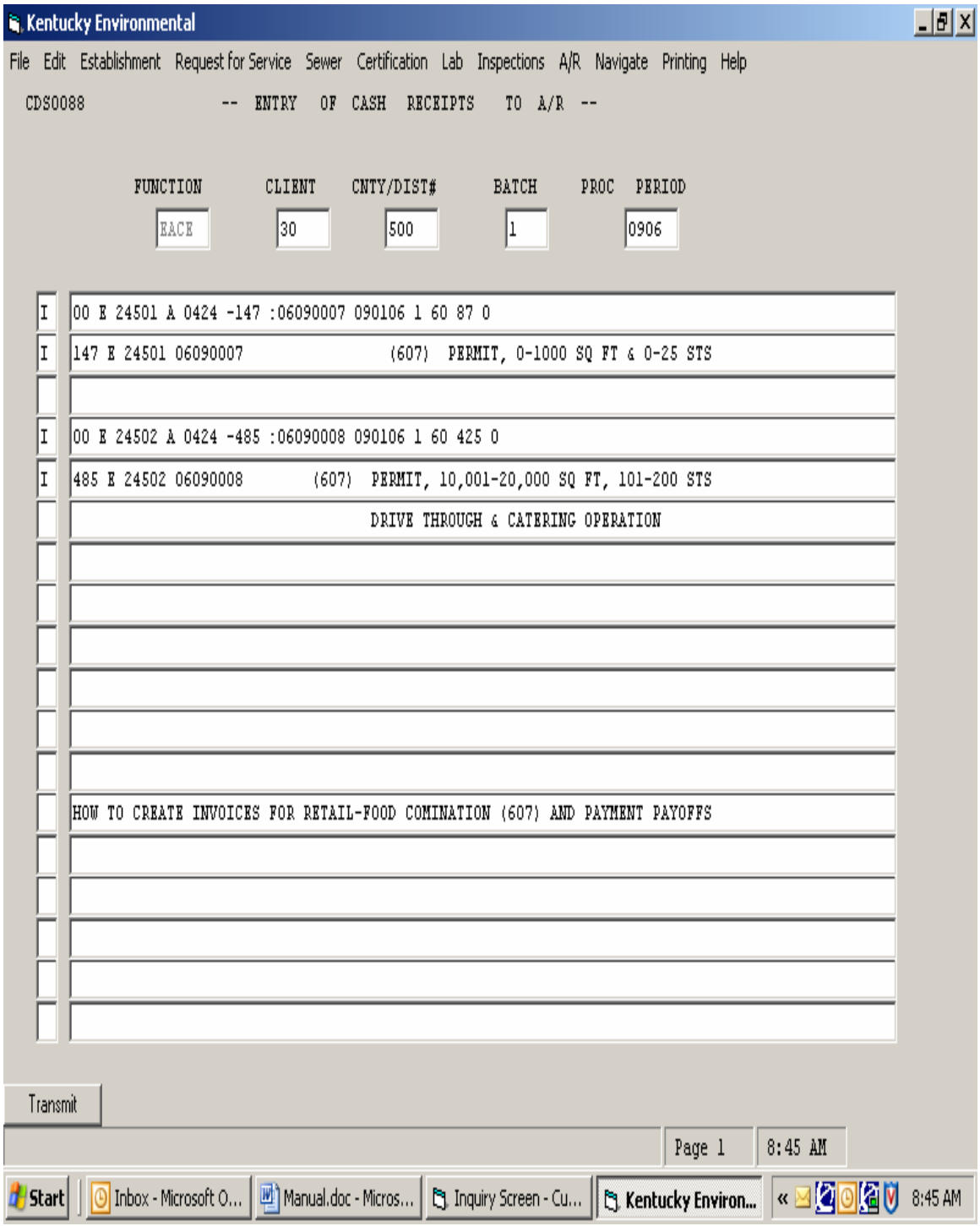
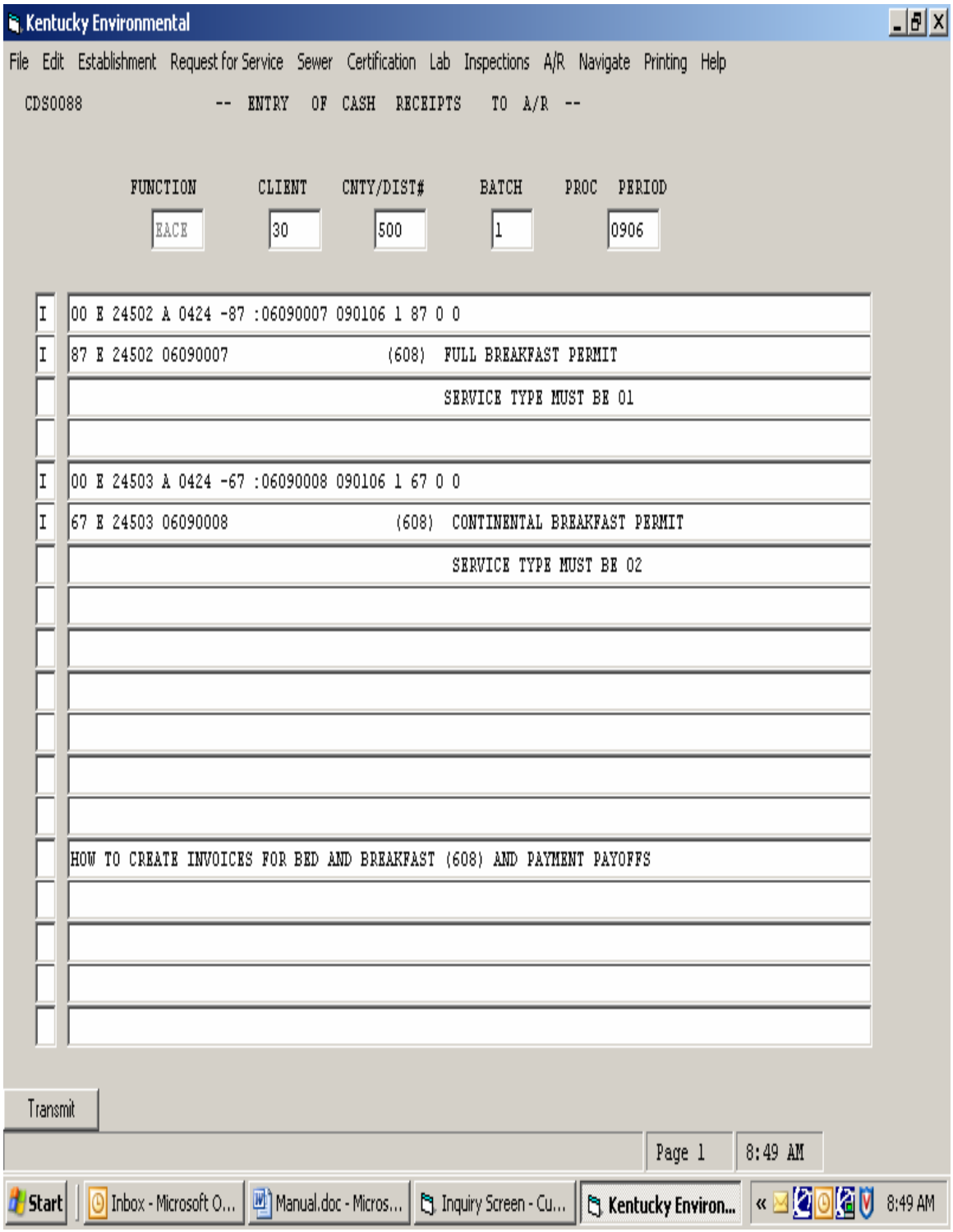
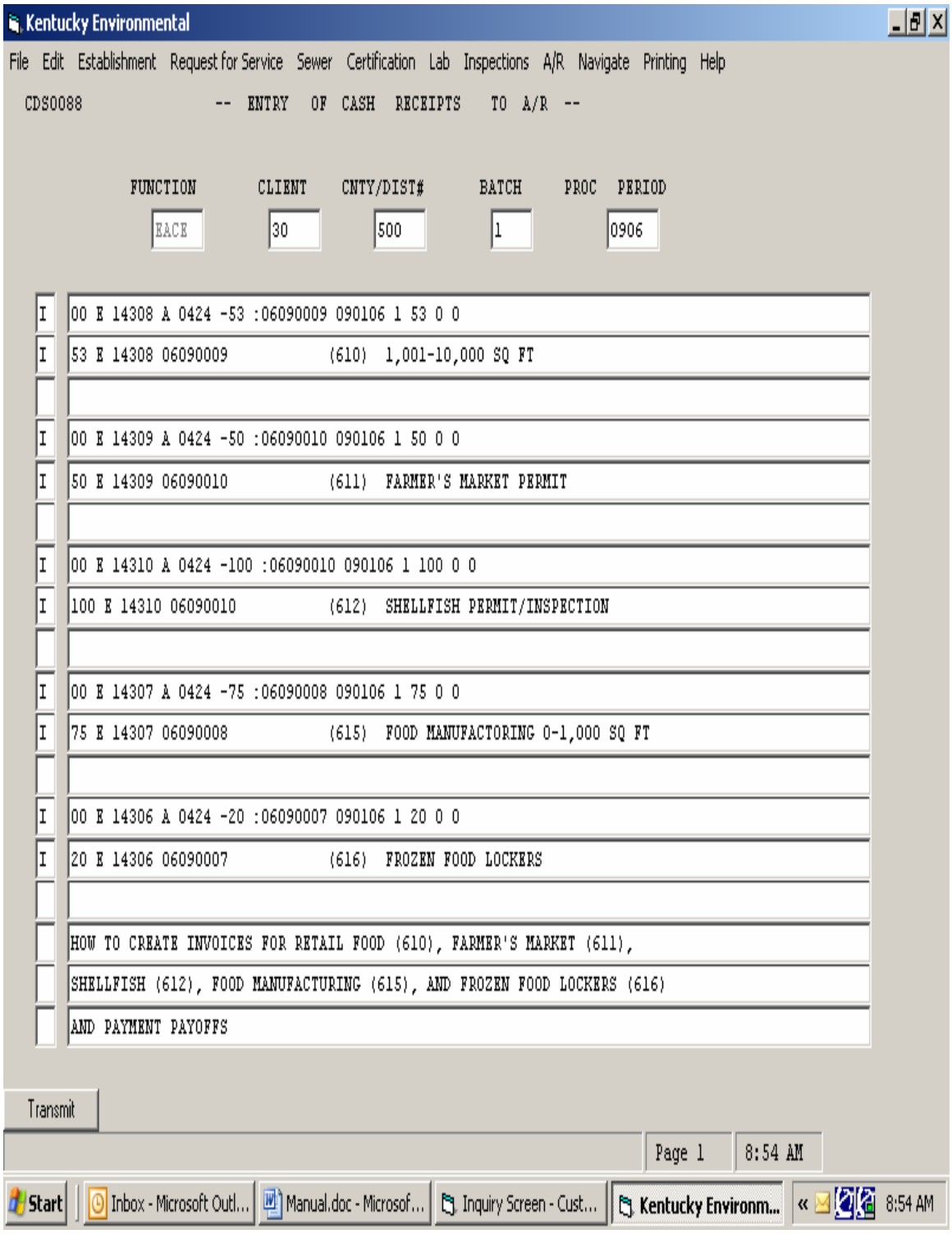
A/R ENTRY
EXAMPLE 5



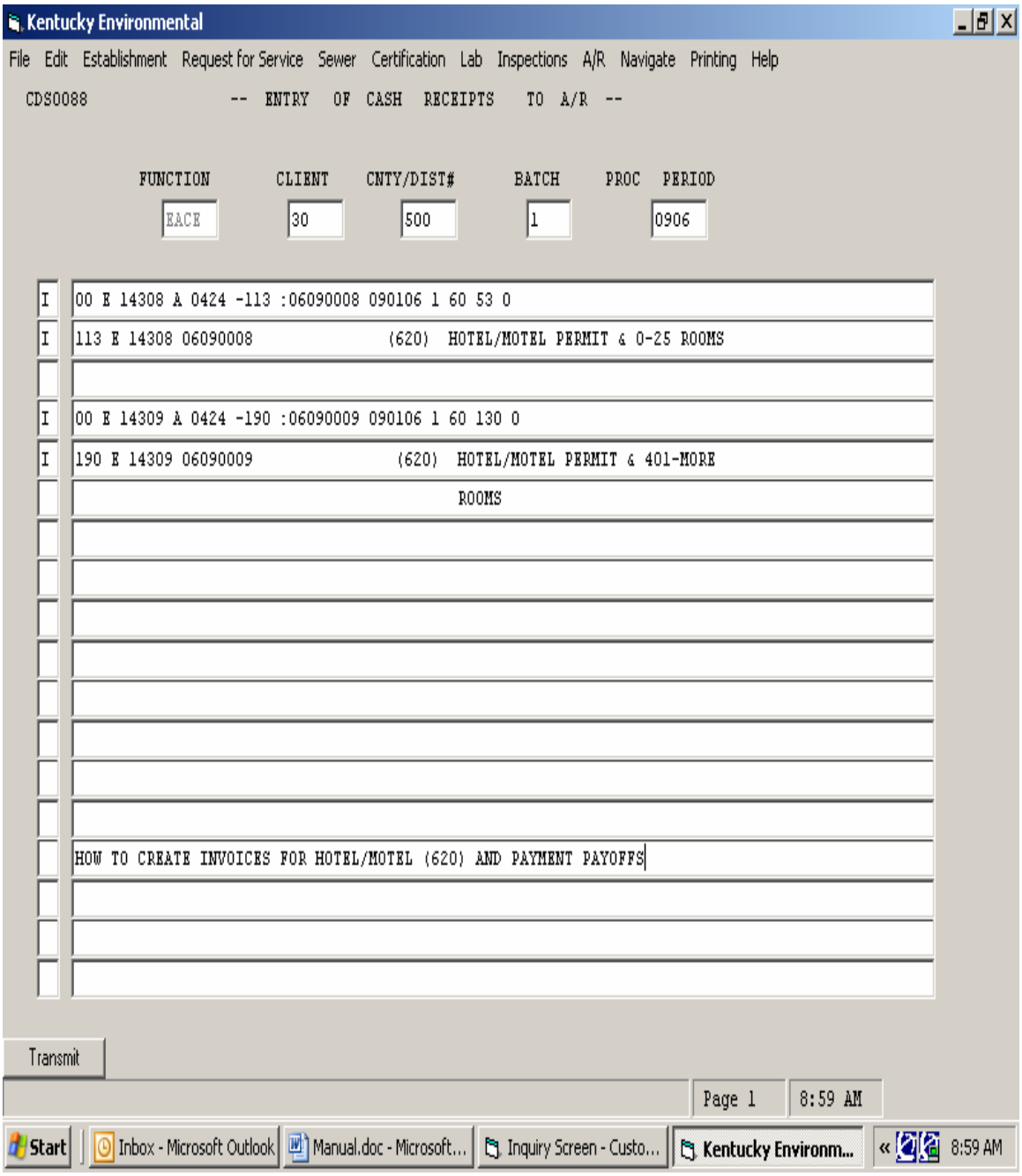
A/R ENTRY
EXAMPLE 6



A/R ENTRY
EXAMPLE 7



A/R ENTRY
EXAMPLE 8



A/R ENTRY
EXAMPLE 9

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  00 E 14340 A 0424 -100 :06090010 090106 1 100 0 0
I  100 E 14340 06090010                  (621)  BOARDING HOME PERMIT
                                                STATE RUN PROGRAM

   HOW TO CREATE AN INVOICE FOR BOARDING HOME (621) AND PAYMENT PAYOFFS
```

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A/R ENTRY
EXAMPLE 10

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  00 E 14310 A 0424 -50 :06090010 090106 1 50 0 0
I  50 E 14310 06090010                  (625) 0-10 SPACES

I  00 E 14312 A 0424 -150 :06090011 090106 1 150 0 0
I  150 E 14312 06090011                 (625) 11-50 SPACES

I  00 E 14313 A 0424 -47 :06090012 090106 1 0 0 47
I  47 E 14313 06090012                  (625) MOBILE HOME CONSTRUCTION PERMIT

   HOW TO CREATE INVOICES FOR MOBILE HOME (625) AND RECREATIONAL VEHICLE PARKS
   (625) AND PAYMENT PAYOFFS
```

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A/R ENTRY
EXAMPLE 11

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  00 E 24561 A 0424 -100 :06090011 090106 1 0 100 0
I  100 E 24561 06090011                    (634)
   (PAYMENT FOR STUDIO - ARTIST IS DONE ON CERTIFICATION FILE)
   HOW TO CREATE AN INVOICE FOR TATTOO PARLOR (634) AND PAYMENT PAYOFFS
```

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A/R ENTRY
EXAMPLE 12

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  00 E 24561 A 0424 -25 :06090011 090106 1 0 25 0
I  25 E 24561 06090011                    (643)
   (PAYMENT FOR STUDIO - ARTIST IS DONE ON CERTIFICATION FILE)

I  00 E 24562 A 0424 -100 :06090012 090106 1 0 100 0
I  100 E 24562 06090012                    (644)
   (PAYMENT FOR STUDIO - ARTIST IS DONE ON CERTIFICATION FILE)

   HOW TO CREATE INVOICES FOR EAR PIERCER (643) AND BODY PIERCERS (644)
   AND PAYMENT PAYOFFS
```

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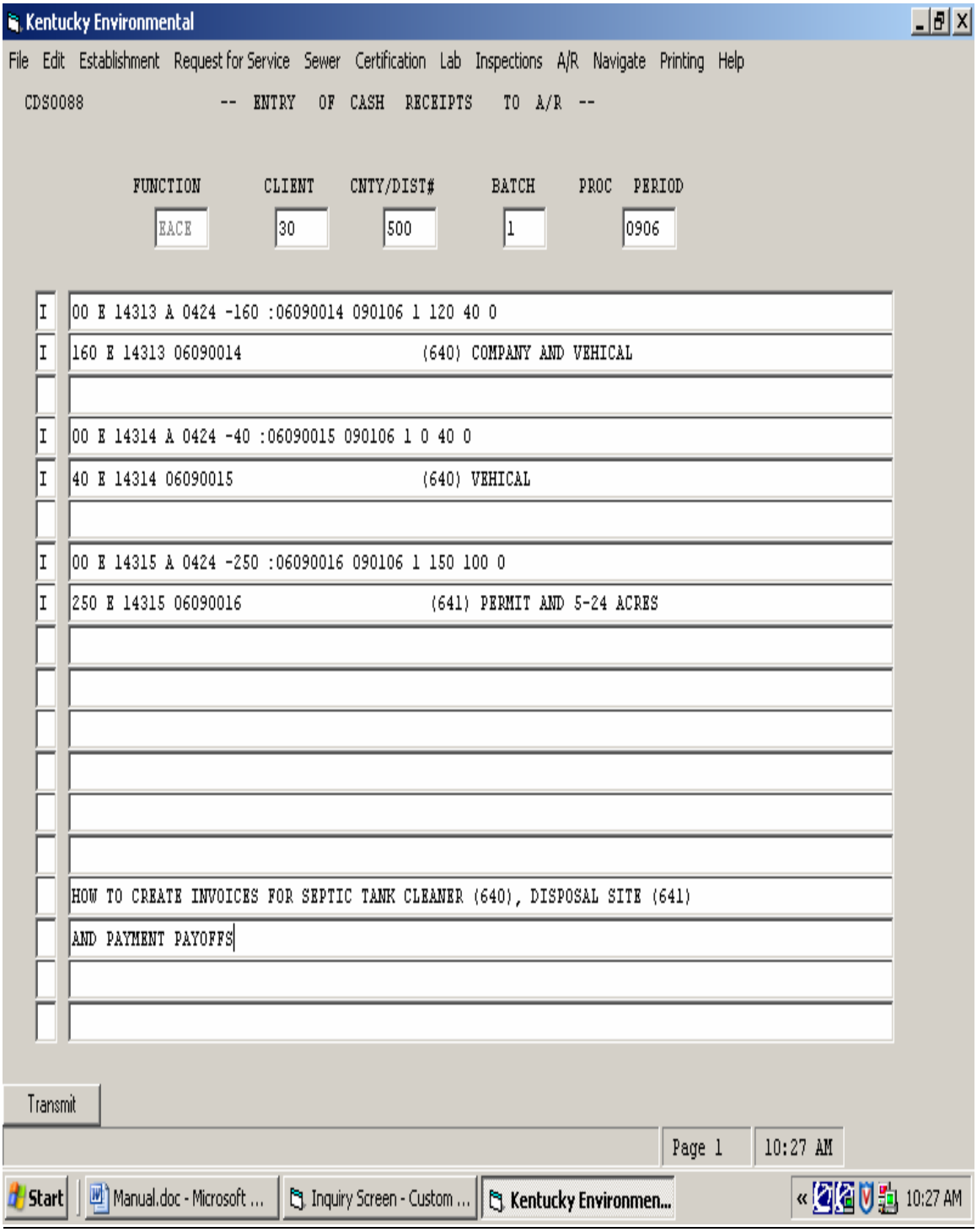
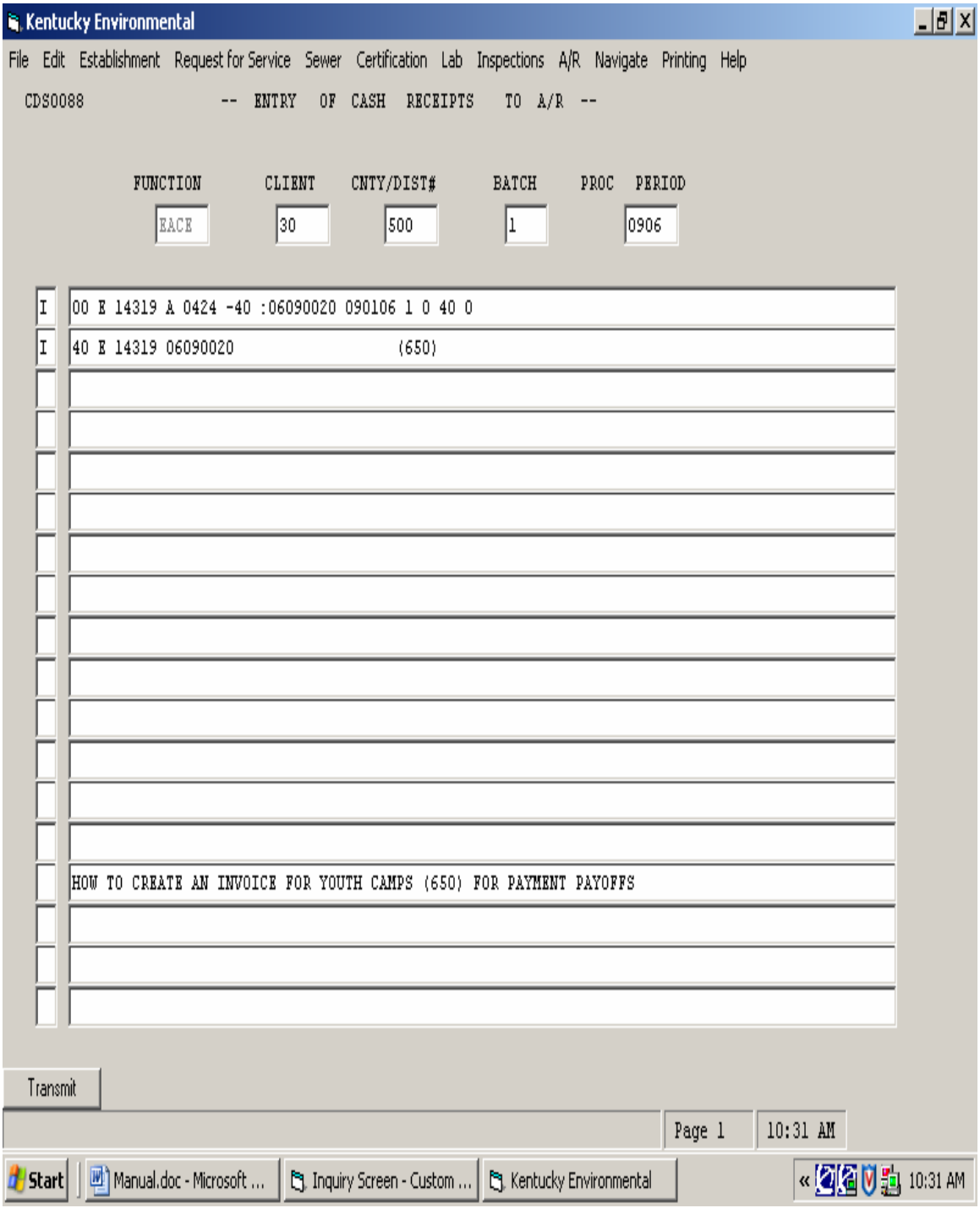
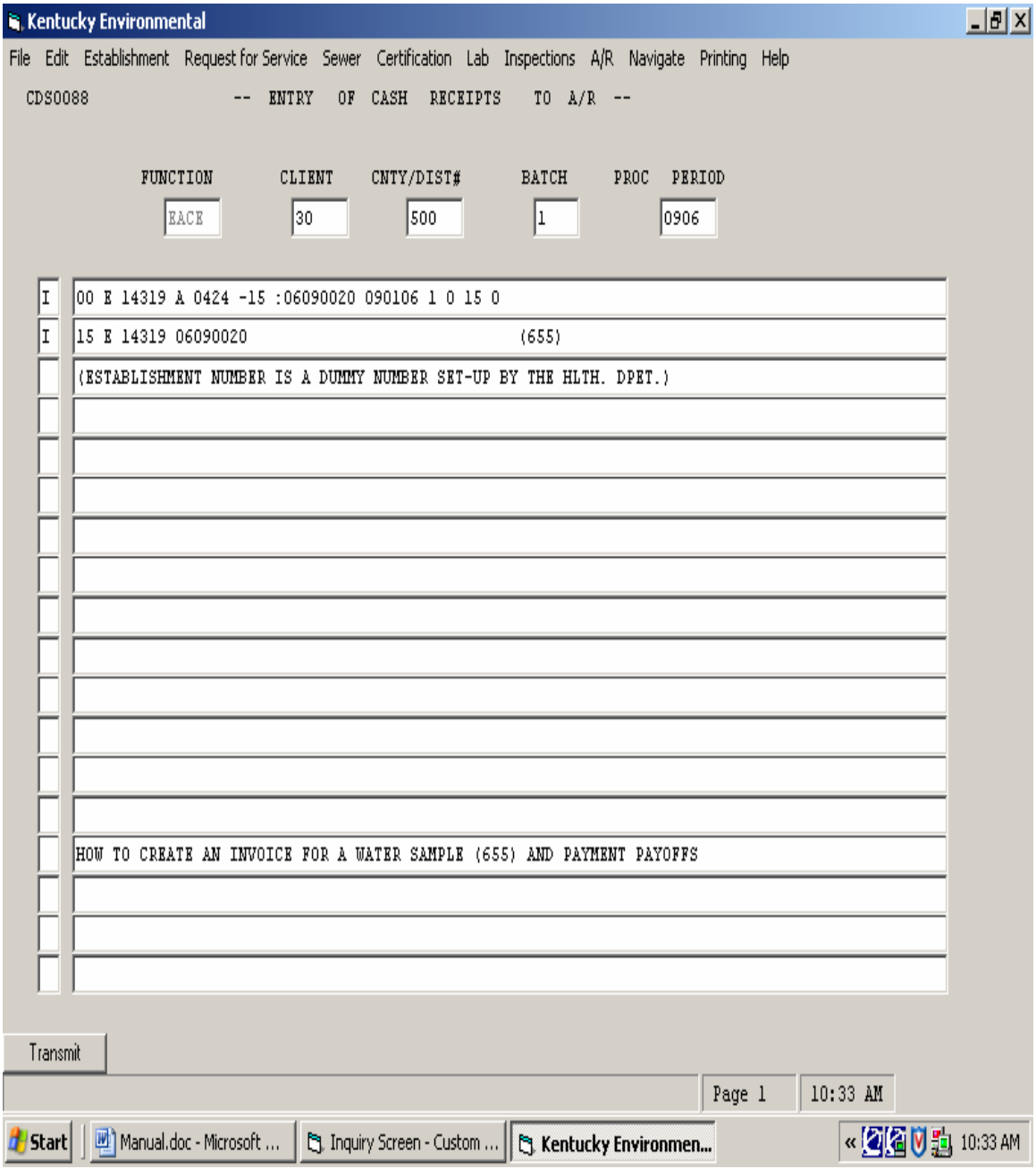
A/R ENTRY
EXAMPLE 13



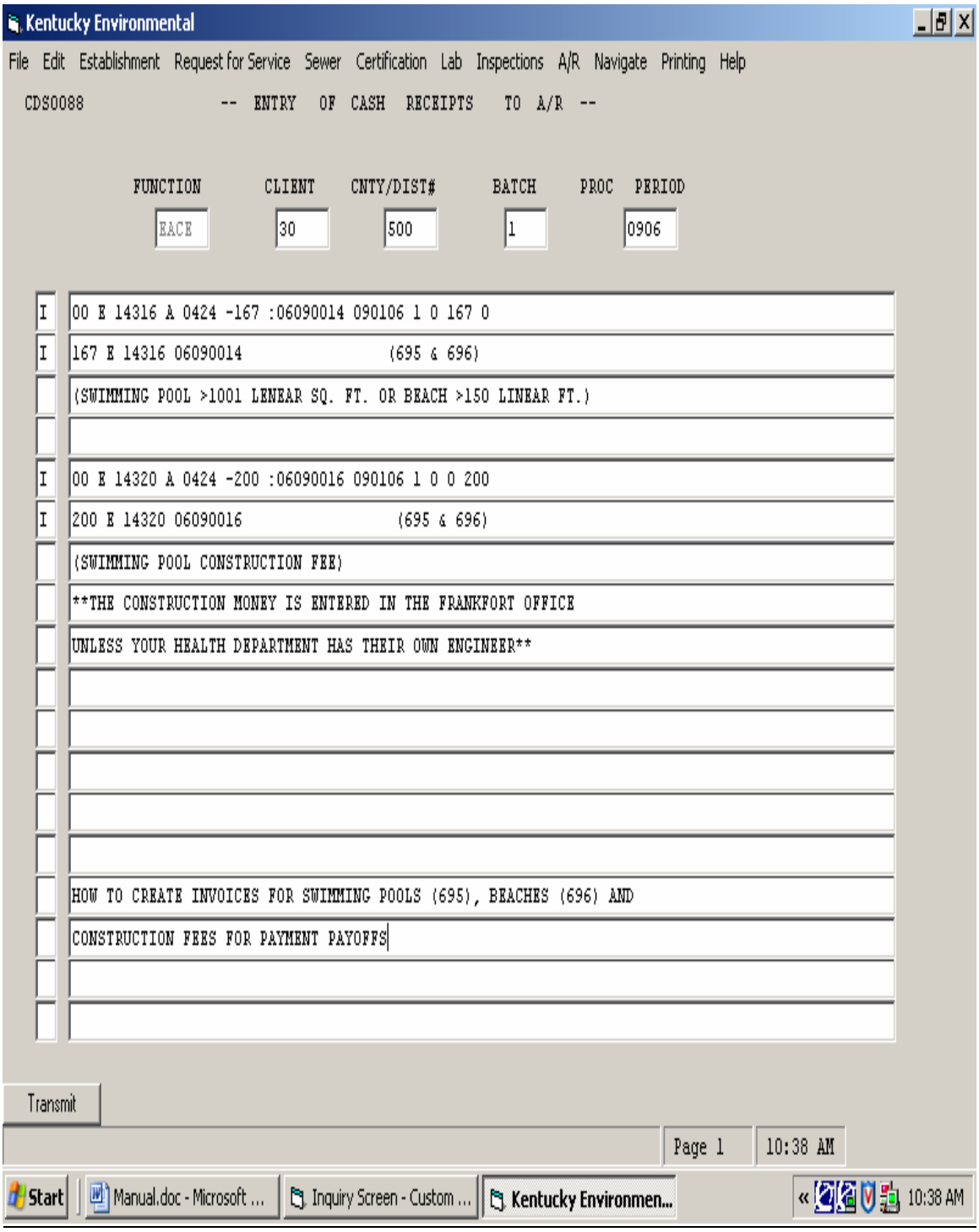
A/R ENTRY
EXAMPLE 14



A/R ENTRY
EXAMPLE 15



A/R ENTRY
EXAMPLE 16



A/R ENTRY
EXAMPLE 17

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  00 E 14316 A 0466 -180 :06090014 090106 1 30 150 0
I  180 E 14316 06090014                    (680) PERMIT
   (ONSITE SEWAGE PERMIT)

I  00 E 14320 A 0466 -150 :06090016 090106 1 0 150 0
I  150 E 14320 06090016                    (680) SITE EVALUATION

   HOW TO CREATE INVOICES FOR ONSITE SEWAGE SYSTEMS (680) AND PAYMENT PAYOFFS
```

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A/R ENTRY
EXAMPLE 18

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  -90 E 14319 A 0424 :06090020.01 090106 4 45 45 0

I  90 E 14319 06090020.01                    (PAYMENT WHENIT IS RECEIVED)

I  00 E 14319 A 7000 90 06090020.01          (WRITE OFF IF PAYMENT CAN NOT
                                              BE COLLECTED)

   HOW TO CREATE AN INVOICE FOR A BAD CHECK AND PAYMENT

   WHEN YOU CREATE AN ORIGIN 4 INVOICE YOU ARE TAKING MONEY OUT OF THE
   ESTABLISHMENT YOU CAN USE AN BATCH FOR THAT MONTH TO TAKE THE MONEY OUT,
   THE BATCH WILL BE LESS THAT AMOUNT.  IF YOU GET THE MONEY BACK IN A
   DIFFERENT MONTH YOU MUST CREATE A NEW BATCH TO ENTER THE MONEY.
```

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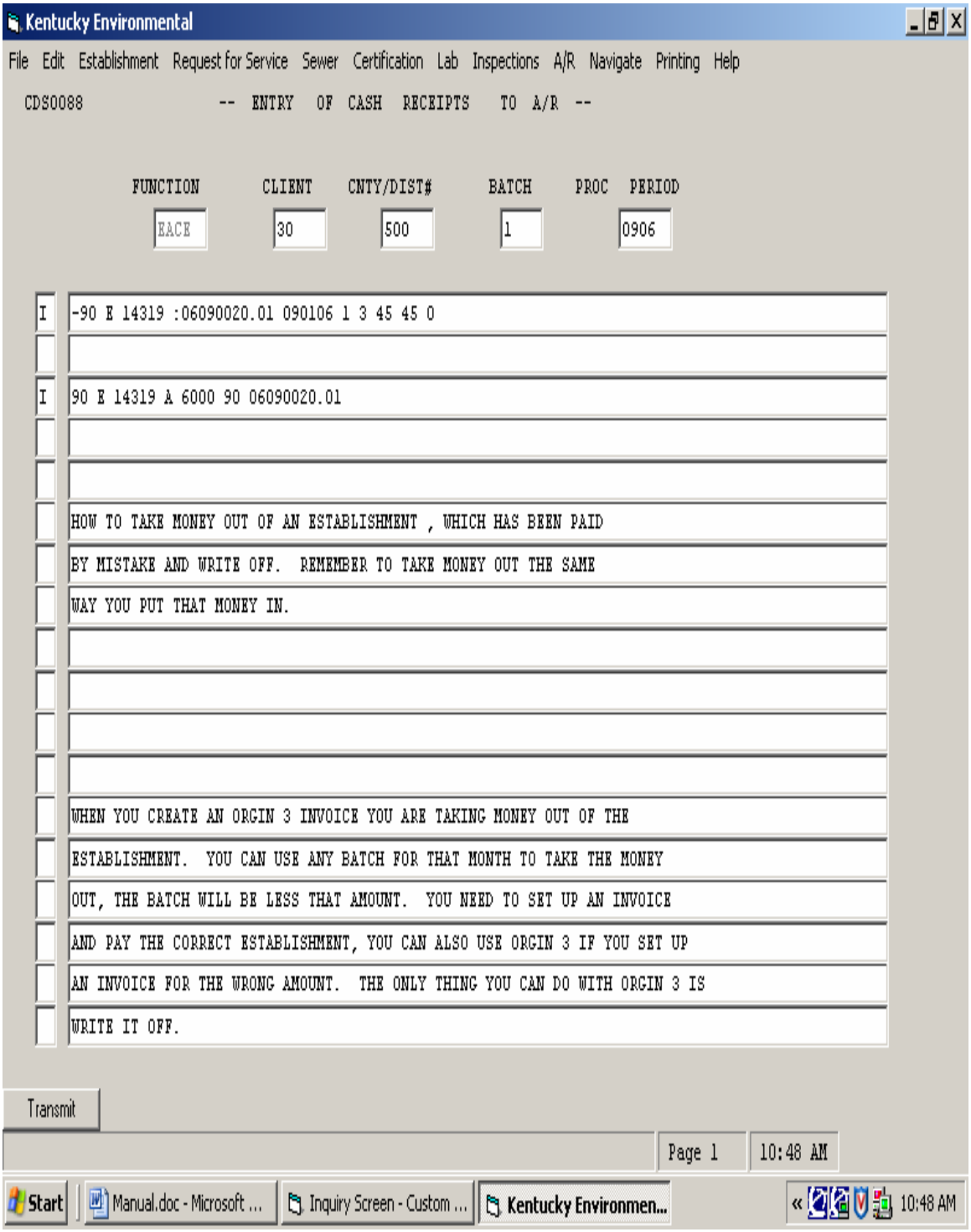
A/R ENTRY
EXAMPLE 19



A/R ENTRY
EXAMPLE 20

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

| | |
|---|---|
| I | 00 E 14319 A 0424 -125 :06090020 090106 5 0 40 0 |
| I | 40 E 14319 06090020 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | HOW TO ADD MONEY TO AN ESTABLISHMENT WHEN WHEN ADDITIONAL PAYMENT HAS BEEN |
| | RECEIVED. (EXAMPLE SHOWN IS FOR A NEW SPETIC TANK TRUCK WHICH HAS BEEN |
| | ADDED AFTER THE RENEWAL WAS PAID) ** THIS WILL NOT UPDATE THE PRINT |
| | FIELD ** REMEMBER THIS WILL OFF SET YOUR REPORT SO THIS AMOUNT |
| | |
| | |

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A/R ENTRY
EXAMPLE 21

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  00 E 14319 A 0424 -20 :06090020          (PAYMENT WHEN THE AMOUNT OF
                                             MONEY RECEIVED IS LARGER THAN
                                             THE AMOUNT OF THE AMOUNT OF THE
                                             INVOICE.  IN THIS EXAMPLE THE
                                             INVOICE WAS $90 AND THEY RECEIVED
                                             $110)

I  90 E 14320 A 6000 20 :06090021           (PAYMENT WHEN THE AMOUNT OF
                                             MONEY IS LESS THAN THE AMOUNT
                                             OF THE INVOICE.  IN THIS EXAMPLE
                                             THE INVOICE WAS FOR $110 AND
                                             THEY RECEIVED $90)
```

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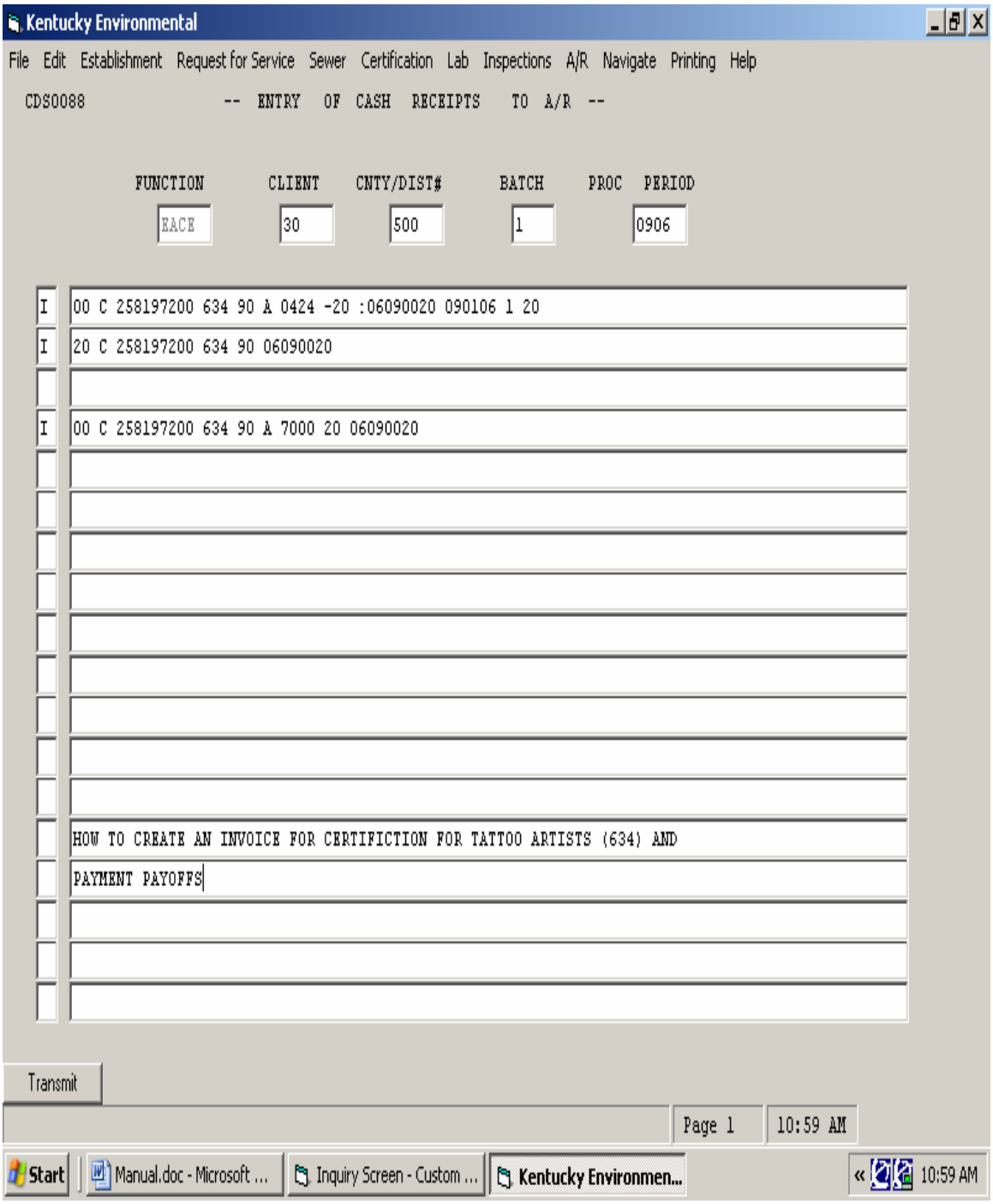
A/R ENTRY
EXAMPLE 22



A/R ENTRY
EXAMPLE 23

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  00 C 258197200 644 91 A 0424 -20 :06090020 090106 1 20
I  20 C 258197200 644 91 06090020
   
I  00 C 258197200 644 91 7000 20 06090020
   (WRITE OFF)
   
   
   
   
   
   
   
   
   
   HOW TO CREATE AN INVOICE FOR CERTIFICATION FOR BODY PIERCER (644) AND
   PAYMENT PAYOFFS
   
   
   
```

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A/R ENTRY
EXAMPLE 24

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I  00 C 258197200 643 92 A 0424 -20 :06090020 090106 1 20
I  20 C 258197200 643 92 06090020
   
I  00 C 258197200 643 92 7000 06090020
   (WRITE OFF)
   
   
   
   
   
   
   
   
   
   
   HOW TO CREATE AN INVOICE FOR CERTIFICATION FOR EAR PIERCER (643)
   AND PAYMENT PAYOFFS
   
   
```

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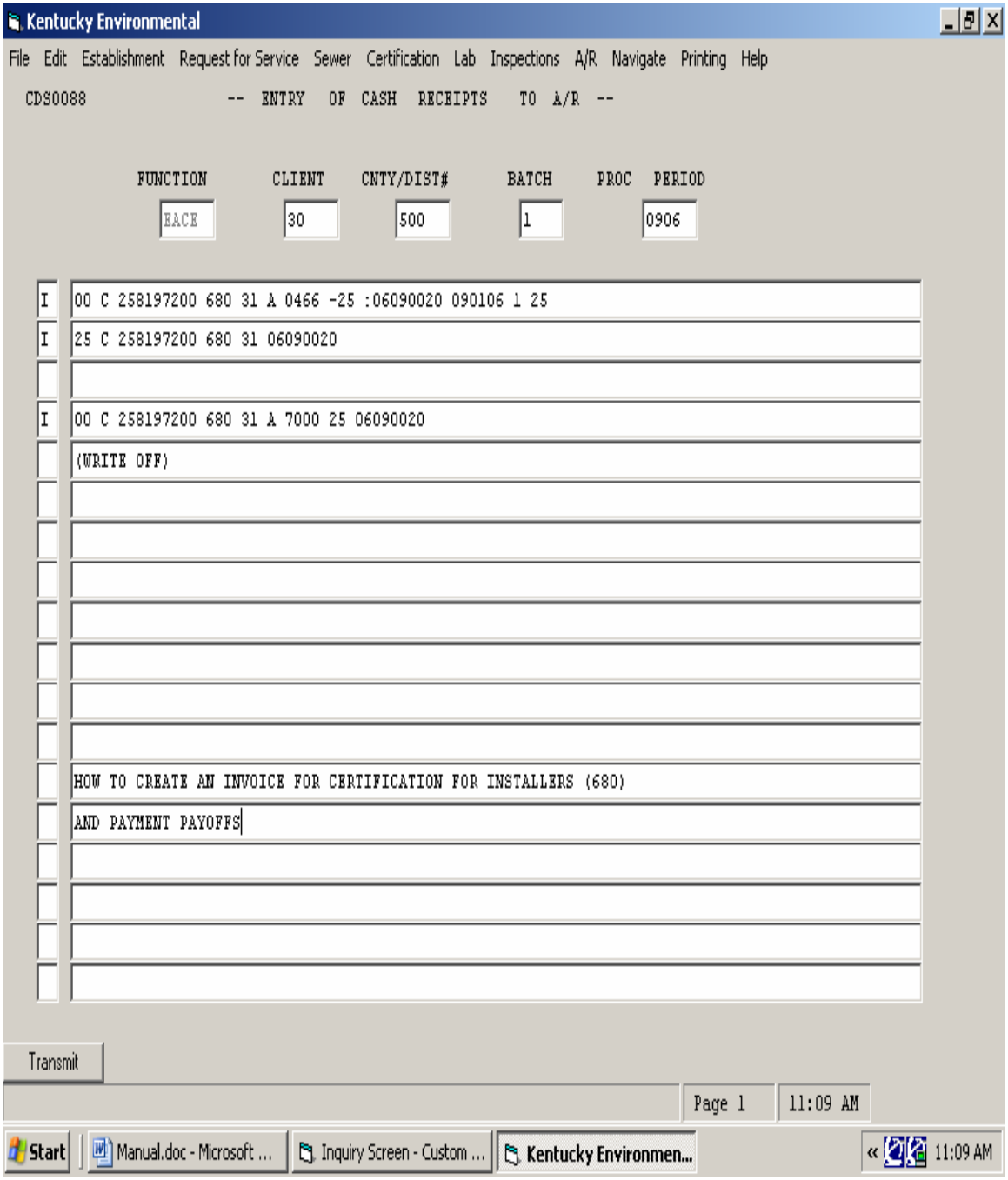
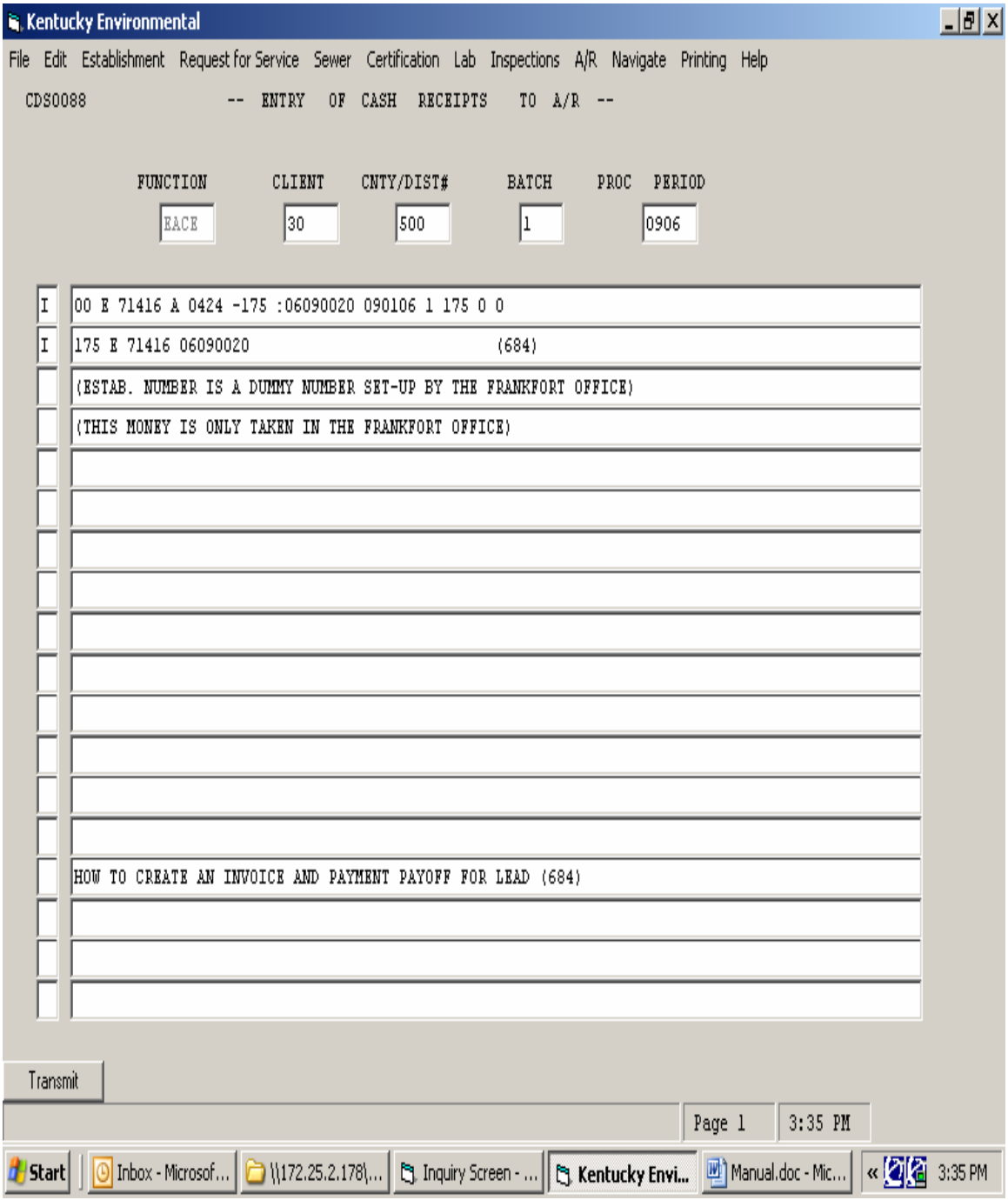
A/R ENTRY
EXAMPLE 25



A/R ENTRY
EXAMPLE 26



A/R ENTRY
EXAMPLE 27

Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

CDS0088 -- ENTRY OF CASH RECEIPTS TO A/R --

| FUNCTION | CLIENT | CNTY/DIST# | BATCH | PROC | PERIOD |
|---|---|---|---|---|---|
| EACE | 30 | 500 | 1 | | 0906 |

```
I 00 E 71419 A 6000 125 06090021
  (HOW TO WRITE OFF AN INVOICE CRATED BY MISTAKE)

I 00 E 14320 A 7000 125 06090022
  (HOW TO WRITE OFF AN INVOICE THT CAN NOT BE COLLECTED)

  REMEMBER WRITE OFFS ARE TO BE DONE UNDER BATCH 99 FOR THE MONTH.
```

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# ENVIRONMENTAL FEE SCHEDULE

| | |
|---|---|
| SEASONAL RESTRICTED | 603 |
| PERMIT | $33 |

| | |
|---|---|
| RETAIL MARKET | 610 |
| 0-1,000 SQ FT | $27 |
| 1,001-10,000 SQ FT | $53 |
| 10,001-20,000 SQ FT | $90 |
| 20,001-30,000 SQ FT | $95 |
| 30,001-OR MORE | $100 |
| Mobile Unit Truck | $27 |

| | |
|---|---|
| FOOD SERVICE | 605 |
| TEMP PERMIT | |
| 3 DAY EVENT | $25 |
| 4-14 DAYS | $30 |
| FOOD SERVICE PERMIT | $60 (+) |
| INSPECTION FEE: | |
| 0-25 SEATS | $60 |
| 26-50 SEATS | $90 |
| 51-100 SEATS | $95 |
| 101-200 SEATS | $100 |
| 201-OR MORE | $105 |
| (+)Drive Through Window | $125 |
| (+)Catering Operation | $110 |
| (+)Mobile Food Unit | $120 |

COMBINATION FOOD SERVICE AND RETAIL MARKETS 607: The fee for a Combination Food Service and Retail market is the permit and inspection for the number of seats for a food service plus the permit fee for the retail market based on the square feet.

| | |
|---|---|
| VENDING COMPANIES & MACHINES | 606 |
| COMMISSARY | $27 (+) |
| 0-25 MACHINES | $107 |
| 26-50 MACHINES | $160 |
| 51-100 MACHINES | $213 |
| 101-150 MACHINES | $253 |
| 151-OR MORE | $414 |

| | |
|---|---|
| FOOD MANUFACTURING | 615 |
| 0-1,000 SQ FT | $75 |
| 1,001-5,000 SQ FT | $85 |
| 5,001-30,000 SQ FT | $147 |
| 30,001-40,000 SQ FT | $275 |
| 40,001-OR MORE | $290 |

| | |
|---|---|
| HOTEL/MOTELS | 620 |
| PERMIT FEE | $60 (+) |
| 0-25 ROOMS | $53 |
| 26-50 ROOMS | $90 |
| 51-100 ROOMS | $95 |
| 101-200 ROOMS | $100 |
| 201-300 ROOMS | $110 |
| 301-400 ROOMS | $120 |
| 401-OR MORE | $130 |

| | |
|---|---|
| BED & BREAKFAST | 608 |
| FULL BREAKFAST | $87 |
| CONTINENTAL | $67 |

| | |
|---|---|
| FARMER'S MARKET | 611 |
| PERMIT FEE | $50 |

| | |
|---|---|
| SHELLFISH | 612 |
| PERMIT/INSPECTION | $100 |

| | |
|---|---|
| FROZEN FOOD LOCKERS | 616 |
| PERMIT FEE | $20 |

| | |
|---|---|
| BOARDING HOMES | 621 |
| PERMIT FEE | $100 |

| | |
|---|---|
| MOBILE HOME PARKS | 625 |
| CONSTRUCTION | |
| PERMIT FEE | $47 |
| 0-10 SPACES | $50 |
| 11-50 SPACES | $150 |
| 51-100 SPACES | $160 |
| 101-200 SPACES | $170 |
| 201-OR MORE | $180 |

| | |
|---|---|
| TATTOO STUDIOS | 634 |
| INSPECTION FEE | $100 |
| ARTIST FEE | $20 |
| | |
| EAR PEIRCING | 643 |
| INSPECTION FEE | $25 |
| PIERCER FEE | $20 |
| | |
| BODY PIERCING | 644 |
| INSPECTION FEE | $100 |
| PIERCER FEE | $20 |
| | |
| SEPTIC TANK COMPANIES & VEHICLES | 640 |
| COMPANY | $120 |
| PER VEHICLE | $40 |
| | |
| YOUTH CAMPS | 650 |
| INSPECTION FEE: | |
| DAY CAMP | $40 |
| PRIMITIVE CAMP | $40 |
| RESIDENTIAL CAMP | |
| 0-20 BEDS | $40 |
| 21-50 BEDS | $50 |
| 51-OR MORE | $60 |
| | |
| ONSITE SEWAGE | 680 |
| ONSITE SEWAGE PERMIT | $30 (+ LOCAL) |
| CLUSTER SYSTEM FEE | $600 |
| INSTALLER CERTIFICATION | $25 |

**(THIS IS A ONE TIME FEE WHEN TAKING THE TEST.)**

**NO INSTALLER CAN RETAKE THE TEST MORE THAN ONCE. THEY CAN'T TAKE THE TEST OVER TO MAKE UP FOR CONTINUING EDUCATION HOURS. INSTALLERS MUST GET SIX (6) CONTINUING EDUCATION HOURS OR EQUIVALENT A YEAR!**

*****MASTER PLUMBERS ARE EXEMPT FROM THE $25 DOLLAR TESTING FEE FOR INTIAL TEST. THEY DO HAVE TO GET SIX (6) CONTINUING EDUCATION HOURS OR EQUIVALENT A YEAR!**

| | |
|---|---|
| RECREATIONAL VEHICLE | 625 |
| PERMIT TO CONSTRUCT | $47 |
| 0-10 SPACES | $50 |
| 11-50 SPACES | $150 |
| 51-100 SPACES | $160 |
| 101-200 SPACES | $170 |
| 201-OR MORE | $180 |
| | |
| SEPTIC DISPOSAL SITES | 641 |
| PERMIT FEE | $150 |
| SITE EVALUATION: | |
| 0-4 ACRES | $50 |
| 5-24 ACRES | $100 |
| 25-49 ACRES | $150 |
| 50-99 ACRES | $200 |
| | |
| PRIVATE WATER | 655 |
| WATER SAMPLE | $15* |

*Health Dept. may exempt fee for investigation of of illness.

| | |
|---|---|
| TANNING BEDS | 677 |
| REGISTRATION FEE | $20 |
| | |
| SWIMMING & BATHING AREAS 695-696 | |
| OPERATION INSPECTION FEES: | |
| <150 LINEAR FT OF BEACH | $87 |
| >151 LINEAR FT OF BEACH | $167 |
| <1000 SQ FT POOL | $87 |
| >1001 SQ FT POOL | $167 |

| | |
|---|---|
| **POOL CONSTRUCTION FEES:** | |
| **PRE-RENOVATION EVALUATION** | **$200** |
| **PLAN REVIEW:** | |
| **GUTTER POOLS & MAJOR RECONSTRUCTION** | **$300** |
| **SKIMMER POOLS & MINOR RECONSTRUCTION** | **$150** |
| **MINOR RECONSTRUCTION** | **$100** |
| **ROUGH-IN INSPECTION** | **$100** |
| **FINAL INSPECTIONS** | **$150** |

**(THE FEES IN BOLD ARE STATE FEES DONE BY THE STATE ENGINEER-ONLY COUNTIES EXCLUDED FROM THESE FEES BEING STATE FEES ARE THOSE WHO HAVE THEIR OWN ENGINEER.)**

# SECTION F

## CERTIFICATION REGISTRATION SYSTEM FILE

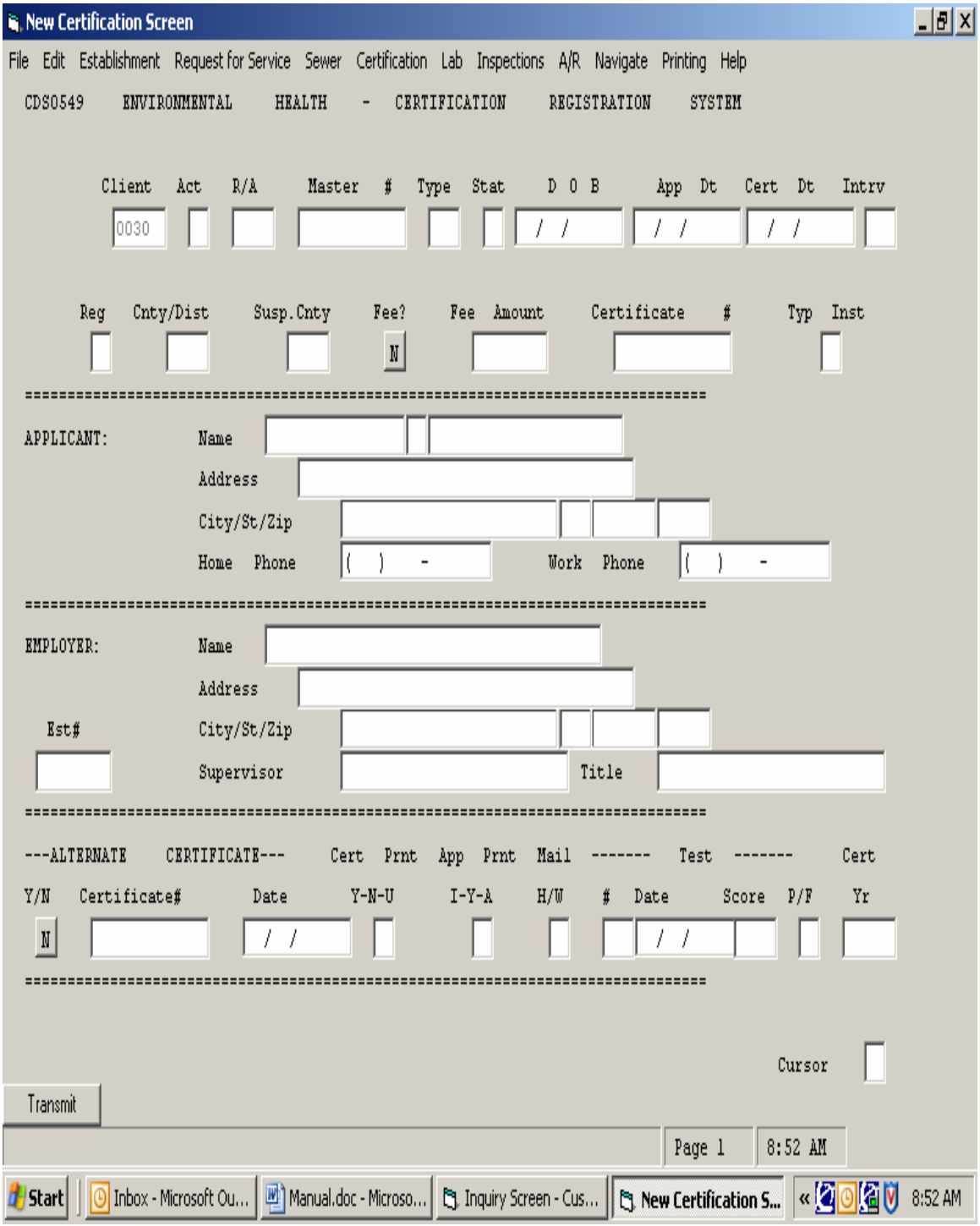
This section includes the instructions for recording, data entry and review  certification file; Food Service Managers and Handlers, Onsite Equipment Manufacturers/Product Components, Onsite Installers, Onsite Equipment Inspectors, Person certified to conduct Perk Tests, Body Piercers, Ear Piercers, Tattoo Arists, and person certified to work in Lead.

All counties may inquire into a certification file, but only the home county, or Frankfort can update the file.

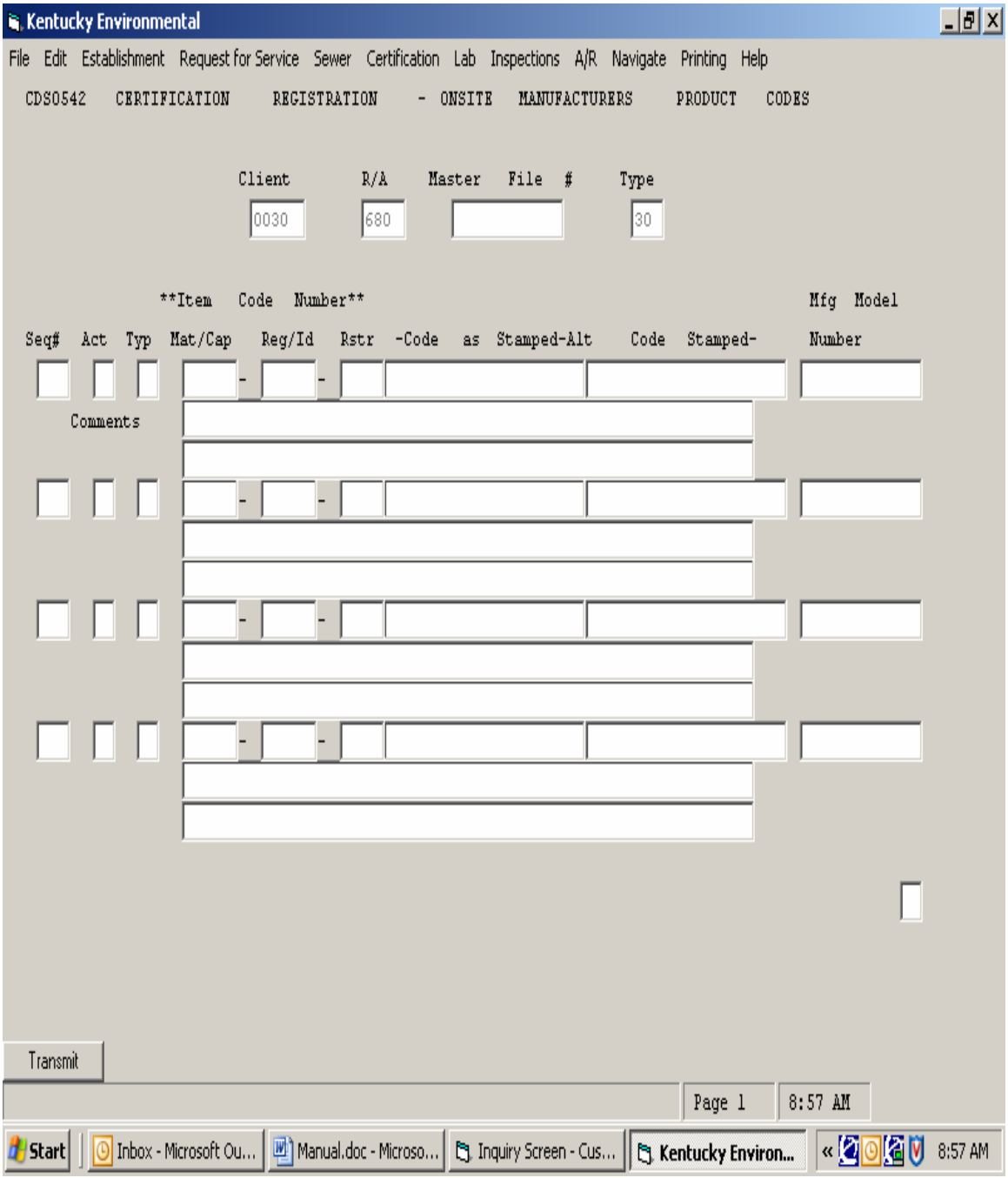
Only Frankfort can enter Onsite Equipment Manufacturers and their products.

Only Frankfort enters Onsite Installer classes for certification hours.  This is done yearly by the Environmental Management Branch.

# NEW CERTIFICATION SCREEN



SCREEN 542


Kentucky Environmental
File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help
CDS0542 CERTIFICATION REGISTRATION - ONSITE MANUFACTURERS PRODUCT CODES
Client R/A Master File # Type
0030 680 30
**Item Code Number**
Mfg Model
Seq# Act Typ Mat/Cap Reg/Id Rstr -Code as Stamped-Alt Code Stamped- Number
Comments
Transmit
Page 1 8:57 AM
Start
Inbox - Microsoft Ou...
Manual.doc - Microso...
Inquiry Screen - Cus...
Kentucky Environ...
8:57 AM

# CERTIFICATION REGISTRATION SYSTEM FILE

The Certification Registration System to record data and to provide inquiry of the Food Service Managers and Handlers.

In Reporting area 680, each Onsite Equipment Manufacturer and their product components has a permanent record built into the system, also includes all Onsite Equipment Inspectors and person certified to conduct perk tests. You can only review these records.

## SCREENS

The screen used to set up data on Food Service Managers and Handlers.

### Screen 542

This screen is used to enter product codes for each manufacturer.

### New Certification Screen

This screen is used to set up a new certification file; change, delete or suspend a certification.

## INQUIRIES

There are four inquiries available that are utilized to call up a Certification File, Onsite Equipment Manufacturers and Product Components:

### Certification by Number

This inquiry is utilized to review the Food Service Manager, Food Service Handler, Onsite Equipment Manufacturer, Inspector and Perk Tester Files. Onsite Installers.

Certification by Name

This inquiry is utilized to locate a number of Food Service Handler or Manager, Onsite Equipment Manufacturer, Inspector or Perk Tester when only the name is known, or when exact name is not known. Onsite Installers.

CRIF 30 (File #)

This inquiry is utilized to review a master file by the file number assigned to each record. (This inquiry can be accessed through "Free Form Inquiry Line" on inquiry screen).

CRIP 30 (Reporting Area) (Master File Number) (Type) (Sequence Number)

This inquiry is utilized to review each product component of an Onsite Equipment Manufacturer. (This inquiry can be accessed through "Free Form Inquiry Line" on inquiry screen).

# INSTRUCTIONS IN COMPLETING NEW CERTIFICATION SCREEN FROM THE APPLICATION FOR FOOD SERVICE MANAGER CERTIFICATION FORM

Function: This screen shall be utilized to records and review the Food Service Managers, Data shall be taken from the Application for Food Service Manager Certification Form. At this time, there is not form created for Food Service Handlers.

New Certification Screen:

Item: Client: The Client number is always 30, which represents Kentucky.

Item 1: Act: The Action code is utilized to add a record or change a record. Enter the appropriate alpha letter.

N – Used to add a new record to the system. Action code "N" requires all information appropriate to that type applicant to be completed.

C – In order to change a record you must go into the inquiry procedure, Certification by Number. The "C" automatically appears on applicant's record, then make the necessary changes.

D – Used to flag a record for deletion.

R – Used to reactivate a previously deleted applicant number.

NOTE: In order to flag an establishment for reactivation, two actions are Required: (1) Go into the change process (Action Code "C") in the status Enter "R". (2) Go into the change process (Action Code "C") in the status enter "A".

NOTE: To blank out a field, you enter an "*" in the first position and space out the rest of the field. If the field is all numeric you enter "0" zero in all the spaces.

Item 2: R/A: This Reporting Area must be completed on all new applicants. The reporting area for food service is "605".

Item 3: Master File #: The Master File Number is also the social security number of the applicant. This number must be entered on all new applicants.

Item 4: Type: This two digit type must be completed on all applicants to identify the type of service. The number must be entered on all new applicants.

**Valid Types:**
10 – Registered Sanitarian – Only for R/A 600
41 – Reassesor – Only for R/A 684
72 – Swimming Pool Attendants – Only for R/A 695
21 – Food Managers – Only for R/A 605
42 – Super V – Only for R/A 684
73 – Beach Operators – Only for R/A 696
22 – Food Handlers – Only for R/A 605
43 – Project Office – Only for R/A 684
74 – Beach Attendants – Only for R/A 694
30 – Certified Manufacturing – Only for R/A 680
44 – Worker – Only for R/A 684
90 – Tattoo Artists – Only for R/A 634
91 – Body Piercer – Only for R/A 644
92 – Ear Piercer – Only for R/A 643
31 – Certified Installers – Only for R/A 680
45 – Company – Only for R/A 684
99 – Miscellaneous – All Other R/A's
32 – Certified Inspectors – Only for R/A 680
46 – Training Provider – Only for R/A 684
33 – To do Perk Test – Only for R/A 680
71 – Swimming Pool Operators – Only for R/A 695
40 – Inspection – Only for R/A 684

Item 5: Status: This status code indicates the status of the applicant.

Item 6: Status Codes: Enter the appropriate alpha letter. The number must be entered on all new applicants.

A – This flags the record as an Active applicant.

D – Used to flag a record for deletion.

I – This makes an applicant inactive.

R – Used to reactivate a previously deleted applicant number.

NOTE: In order to flag an establishment for reactivation, two actions are required: (1) Go into the change process (Action code "C") in the status enter "R". (2) Go into the change process (Action code "C") in the status enter "A".

S – This flag is used to indicate that the applicant is Suspended. When suspension is lifted, change the status to "A" for Active.

Item 7: DOB: Enter the appropriate numeric number for the applicant's Date of Birth. The date of birth must be completed for all new applicants.

Item 8: App. Date: Enter the appropriate number for the applicant's application. Date: This date must be when the application was completed by the applicant (can not be a future date). The application date must be completed for all new applicants.

Item 9: Cert. Date: Enter the appropriate numeric number for the applicant's certification date. This date must be when the applicant became certified (can not be a future date). The certification date must be completed for all new applicants.

Item 10: Intrv: This two-digit interval code must be completed for new applicants. This identifies the number of years between retesting of applicants.

12 – Annual (Handlers)
24 – Two Years (Managers and Handlers)
36 – Three Years (Managers)

Item 11: Region: Is used for manufacturer's products only. For all other programs, leave blank.

Item 12: County: The county number is required for all new applicants (Section G).

Item 13: Fee: Enter the alpha letter "Y" yes or "N" no.

Item 14: Fee Amount: This field is used to enter the fee amount for a file when it has a fee, which is not set up automatically in the system.

Item 15: Certificate #: The certificate number is the social security number of the applicant or the alternate certificate number.

Item 16: Type Inst: Not used in Food Service just leave blank:

P – Provisional

C – Complete

L – Licensed Plumber

Item 17: Applicant: The applicant's name, residence and work/home telephone number is entered in this section.

Item 18: Name: Enter the name of the applicant. Start in the beginning field with first name, the next field (optional) is for the middle initial and the last field is for the last name (if the field does not have enough space for the name, stop with the last letter that fit into the field). These fields must be completed for a new applicant.

Item 19: Address: Enter the address of the applicant by the street number and name. If the address does not fit within the field provided, abbreviations must be used. These fields must be completed for a new applicant.

Item 20: City/St/Zip: Enter the city, state and zip code of the applicant's residence. Start in the field with city name, the next field is the state abbreviation and the last field is the zip code. These fields must be completed for a new applicant.

Item 21: Home Phone: Enter the home telephone number of the applicant, if given.

Item 22: Work Phone: Enter the work telephone number of the applicant, if given.

INSTRUCTIONS IN REVIEWING, REPORTING AREA EQUIPMENT MANUFACTURING ESTABLISHMENT/APPLICANT.

Item 1: Employee: The applicant's employer name location and supervisor/title. If equipment manufacturer the owner's name is in this item.

Item 2: Facility Number: Employer establishment number. Must be numeric and a valid facility number on file. (Required for Type 21, 22, and 90).

Item 3: Alternate Certificate: the alternate certificate number is always blank.

Item 4: N/Y: The N/Y is always blank.

Item 5: Certificate #: The Certificate # is always blank.

Item 6: Date: The Date is always blank.

| | |
|---|---|
| Item 7: Cert Print: | "Y" indicates a duplicate of the certificate needs printing; "U" updates files then prints certificate; "N" print request. |
| Item 8: App Re-Print: | the application Re-Print is always blank. |
| Item 9: Mail H/W: | the mail H/W needs to have "H" for home or "W" for work. This indicates where the permit will be mailed. |
| Item 10: Test: | To enter the applicant's testing result. |
| Item 11: Date: | Enter the date of test. |
| Item 12: Score: | Enter the applicant's test score. |
| Item 13: P/F: | Enter a "P" if the person passes the test; "F" if the person fails the test; "C" if you used the text fields to schedule a person for a class, leave score blank. |
| Item 14: YR: | Used this field to indicate that person has met the requirements to receive a new certificate. |

# SECTION G

# ENVIRONMENTAL CODING

This section consists of the environmental codes utilized for recording services, setting up computer records and for data entry.

# ENVIRONMENTAL CODES

Included in this section are the designated codes utilized in the environmental system. The first three listings of codes are available on screens for ease of reference. Following is a brief description of each listing codes:

THESE SCREENS CAN BE ACCESSED ALL FROM THE "FREEFORM" LINE ON INQUIRY SCREEN.

Screen 279

Indicated on this screen are the following:

1) Type of Service Codes, used to build or set up an establishment.
2) Septic Tank Cleaner Bonding Codes, used to build or set up an establishment.

EVIT 30 I ALL:

Inspection/Activity Codes, used to record and enter inspection activities and the request for service and animal bites.

Local Health Department Codes:

This is a listing of the county/district numerical identification codes utilized by environmental health.

Project Reporting Areas:

This is a listing of the numerical codes for the Project Reporting Areas. The codes are utilized to build or set up an establishment and for recording and entering weekly environmental activity

reports. A brief description is provided for each project reporting area.

Budget Categories:

This is a listing of the numerical Budget Categories, which are utilized for allocation and expending environmental health program funds. Also indicated are those programs for which program plans are mandated.

Establishment Type Codes:

This is a listing of all designated Establishment Types utilized in building or setting up an establishment record.

Establishment Group Identification Codes:

This is a hard copy listing of the Establishment Group I.D. Codes utilized to identify groups statewide. Group I.D.'s 1-7 are agency codes, 8-17 are swimming pool identifiers, and 18-42 are food service and retail food store identifiers. See listing within section.

Service/Activity Codes:

This is a listing of numerical Service/Activity Codes Utilized to record and enter inspection activities. Also indicated in parenthesis are the corresponding Function Codes for each Service/Activity Code. A brief description of each Service/Activity Type is included within this section.

Function Codes:

This is a listing of the numerical and alpha function codes, which are utilized for Employee

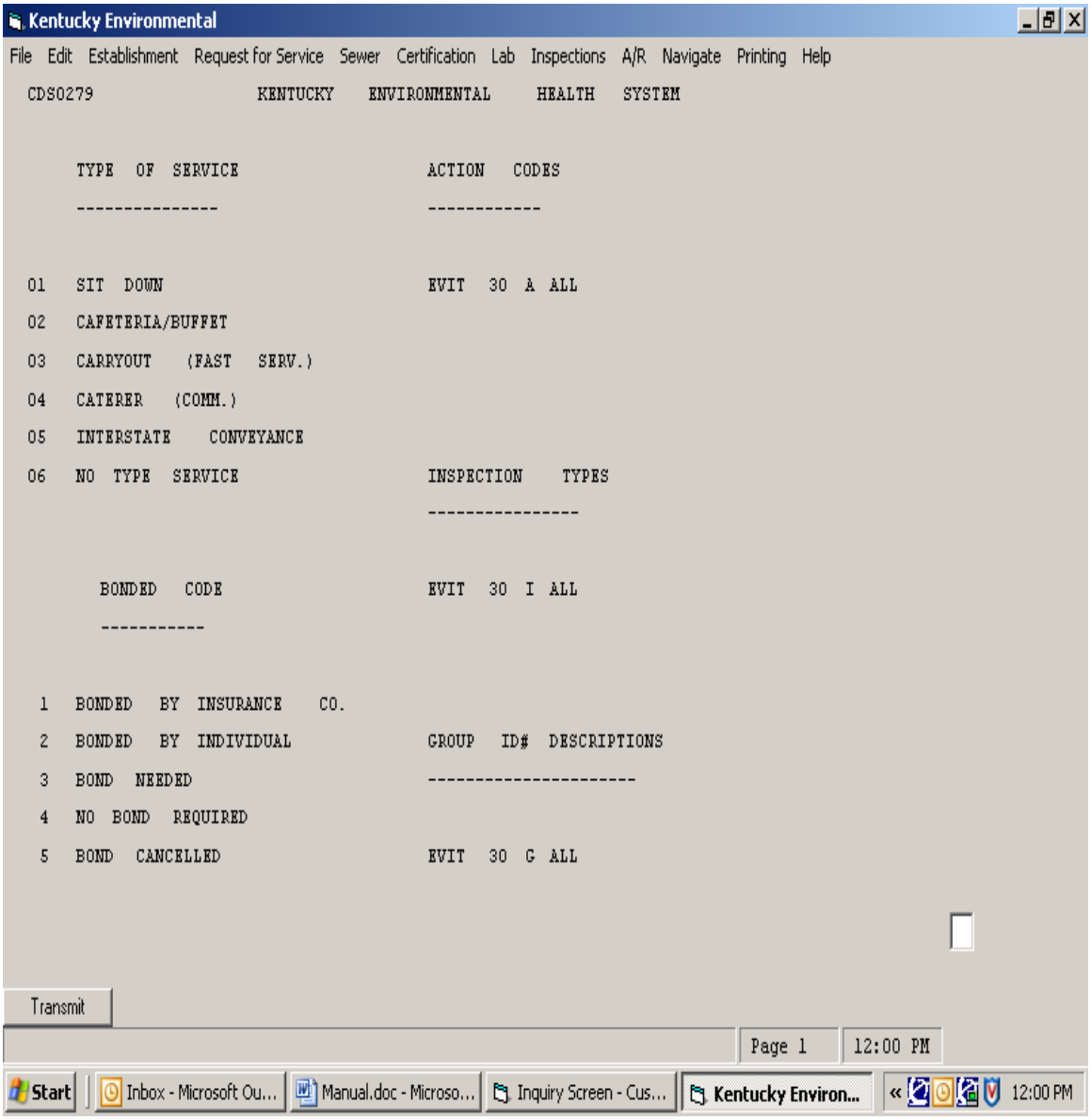
Time Distribution. A brief description of each code is provided within this section.

Enforcement Action Codes:

Listed are the Enforcement Action Codes utilized to record and enter enforcement actions taken. A brief description of each is provided within this section.

# Type of Service and Bond Code Tables

## SCREEN 279



Kentucky Environmental

File Edit Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing Help

```
CDS0279                 KENTUCKY    ENVIRONMENTAL     HEALTH   SYSTEM

     TYPE  OF  SERVICE                    ACTION   CODES
     ---------------                      ------------

01   SIT  DOWN                            EVIT  30  A  ALL
02   CAFETERIA/BUFFET
03   CARRYOUT   (FAST   SERV.)
04   CATERER   (COMM.)
05   INTERSTATE    CONVEYANCE
06   NO  TYPE  SERVICE                    INSPECTION    TYPES
                                          ----------------

       BONDED   CODE                      EVIT  30  I  ALL
       -----------

 1   BONDED   BY  INSURANCE    CO.
 2   BONDED   BY  INDIVIDUAL              GROUP   ID#  DESCRIPTIONS
 3   BOND  NEEDED                         ----------------------
 4   NO  BOND  REQUIRED
 5   BOND  CANCELLED                      EVIT  30  G  ALL
```

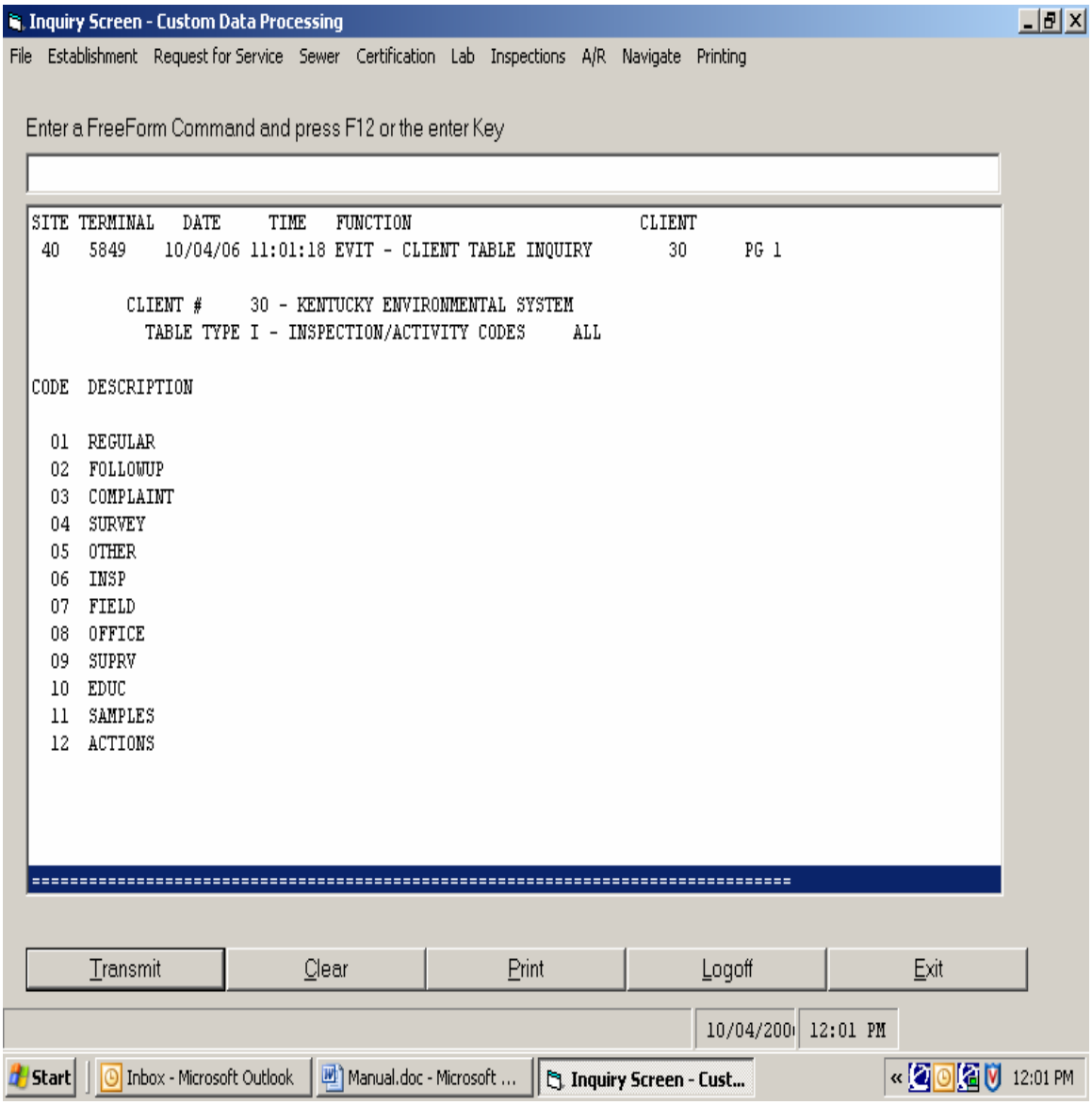
Transmit

Page 1 | 12:00 PM

Start | Inbox - Microsoft Ou... | Manual.doc - Microso... | Inquiry Screen - Cus... | Kentucky Environ... | 12:00 PM

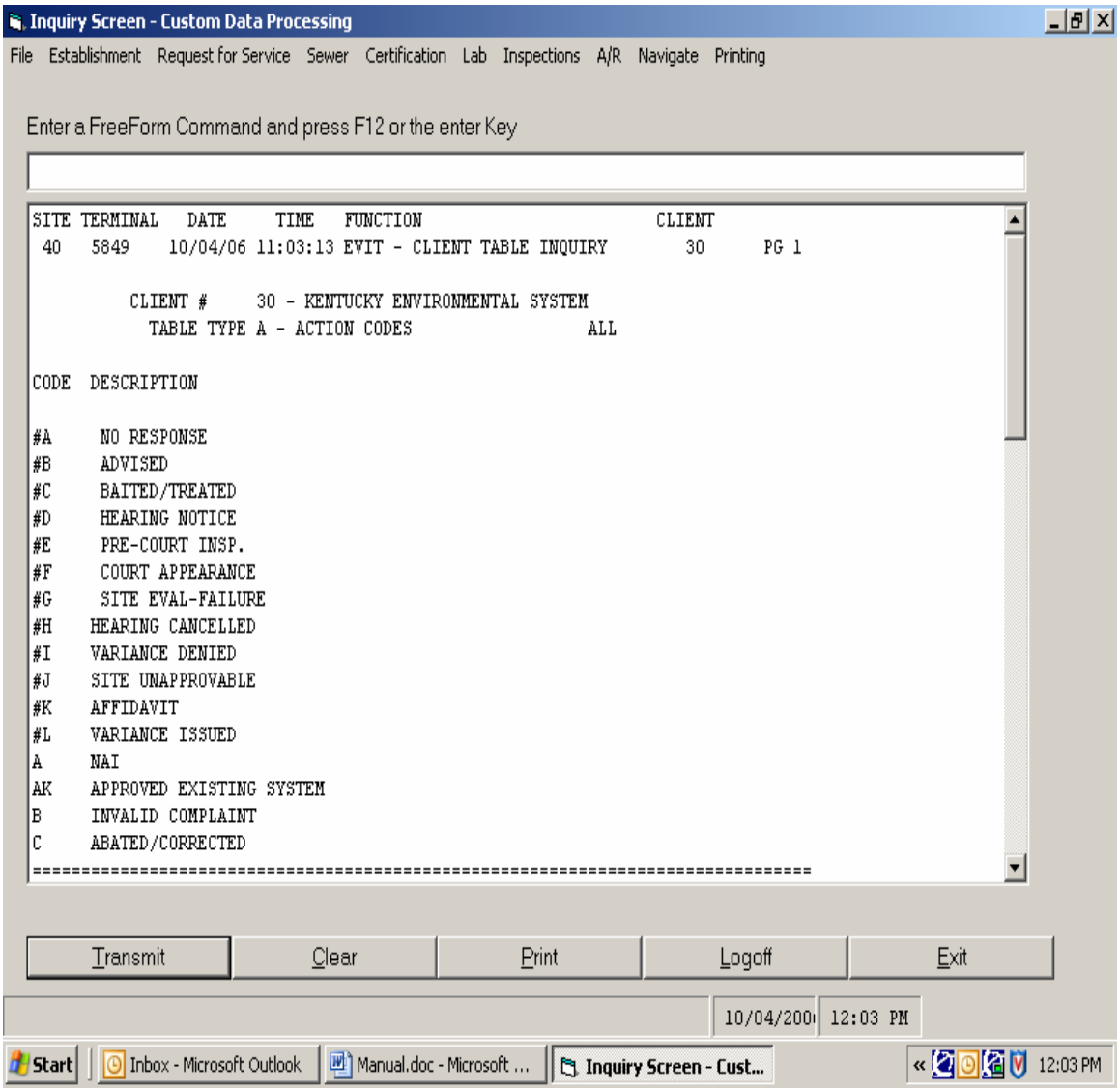
Inspection/Activity Codes

EVIT 30 I ALL



Action Codes Table

EVIT 30 A ALL



# CODING REFERENCE GUIDE

**February 15, 2008**

# ENVIRONMENTAL FEE SCHEDULE

| | |
|---|---|
| SEASONAL RESTRICTED | 603 |
| PERMIT | $33 |

| | |
|---|---|
| RETAIL MARKET | 610 |
| 0-1,000 SQ FT | $27 |
| 1,001-10,000 SQ FT | $53 |
| 10,001-20,000 SQ FT | $90 |
| 20,001-30,000 SQ FT | $95 |
| 30,001-OR MORE | $100 |
| Mobile Unit Truck | $27 |

| | |
|---|---|
| FOOD SERVICE | 605 |
| TEMP PERMIT | |
| 3 DAY EVENT | $25 |
| 4-14 DAYS | $30 |
| FOOD SERVICE PERMIT | $60 (+) |
| INSPECTION FEE: | |
| 0-25 SEATS | $60 |
| 26-50 SEATS | $90 |
| 51-100 SEATS | $95 |
| 101-200 SEATS | $100 |
| 201-OR MORE | $105 |
| (+)Drive Through Window | $125 |
| (+)Catering Operation | $110 |
| (+)Mobile Food Unit | $120 |

COMBINATION FOOD SERVICE AND RETAIL MARKETS 607: The fee for a Combination Food Service and Retail market is the permit and inspection for the number of seats for a food service plus the permit fee for the retail market based on the square feet.

| | |
|---|---|
| VENDING COMPANIES & MACHINES | 606 |
| COMMISSARY | $27 (+) |
| 0-25 MACHINES | $107 |
| 26-50 MACHINES | $160 |
| 51-100 MACHINES | $213 |
| 101-150 MACHINES | $253 |
| 151-OR MORE | $414 |

| | |
|---|---|
| FOOD MANUFACTURING | 615 |
| 0-1,000 SQ FT | $75 |
| 1,001-5,000 SQ FT | $85 |
| 5,001-30,000 SQ FT | $147 |
| 30,001-40,000 SQ FT | $275 |
| 40,001-OR MORE | $290 |

| | |
|---|---|
| HOTEL/MOTELS | 620 |
| PERMIT FEE | $60 (+) |
| 0-25 ROOMS | $53 |
| 26-50 ROOMS | $90 |
| 51-100 ROOMS | $95 |
| 101-200 ROOMS | $100 |
| 201-300 ROOMS | $110 |
| 301-400 ROOMS | $120 |
| 401-OR MORE | $130 |

| | |
|---|---|
| BED & BREAKFAST | 608 |
| FULL BREAKFAST | $87 |
| CONTINENTAL | $67 |

| | |
|---|---|
| FARMER'S MARKET | 611 |
| PERMIT FEE | $50 |

| | |
|---|---|
| SHELLFISH | 612 |
| PERMIT/INSPECTION | $100 |

| | |
|---|---|
| FROZEN FOOD LOCKERS | 616 |
| PERMIT FEE | $20 |

| | |
|---|---|
| BOARDING HOMES | 621 |
| PERMIT FEE | $100 |

| | |
|---|---|
| MOBILE HOME PARKS | 625 |
| CONSTRUCTION | |
| PERMIT FEE | $47 |
| 0-10 SPACES | $50 |
| 11-50 SPACES | $150 |
| 51-100 SPACES | $160 |
| 101-200 SPACES | $170 |
| 201-OR MORE | $180 |

| | |
|---|---|
| TATTOO STUDIOS | 634 |
| INSPECTION FEE | $100 |
| ARTIST FEE | $20 |
| | |
| EAR PEIRCING | 643 |
| INSPECTION FEE | $25 |
| PIERCER FEE | $20 |
| | |
| BODY PIERCING | 644 |
| INSPECTION FEE | $100 |
| PIERCER FEE | $20 |
| | |
| SEPTIC TANK COMPANIES & VEHICLES | 640 |
| COMPANY | $120 |
| PER VEHICLE | $40 |
| | |
| YOUTH CAMPS | 650 |
| INSPECTION FEE: | |
| DAY CAMP | $40 |
| PRIMITIVE CAMP | $40 |
| RESIDENTIAL CAMP | |
| 0-20 BEDS | $40 |
| 21-50 BEDS | $50 |
| 51-OR MORE | $60 |
| | |
| ONSITE SEWAGE | 680 |
| ONSITE SEWAGE PERMIT | $30 (+ LOCAL) |
| CLUSTER SYSTEM FEE | $600 |
| INSTALLER CERTIFICATION | $25 |

**(THIS IS A ONE TIME FEE WHEN TAKING THE TEST.)**

**NO INSTALLER CAN RETAKE THE TEST MORE THAN ONCE. THEY CAN'T TAKE THE TEST OVER TO MAKE UP FOR CONTINUING EDUCATION HOURS. INSTALLERS MUST GET SIX (6) CONTINUING EDUCATION HOURS OR EQUIVALENT A YEAR!**

*****MASTER PLUMBERS ARE EXEMPT FROM THE $25 DOLLAR TESTING FEE FOR INTIAL TEST. THEY DO HAVE TO GET SIX (6) CONTINUING EDUCATION HOURS OR EQUIVALENT A YEAR!**

| | |
|---|---|
| RECREATIONAL VEHICLE | 625 |
| PERMIT TO CONSTRUCT | $47 |
| 0-10 SPACES | $50 |
| 11-50 SPACES | $150 |
| 51-100 SPACES | $160 |
| 101-200 SPACES | $170 |
| 201-OR MORE | $180 |
| | |
| SEPTIC DISPOSAL SITES | 641 |
| PERMIT FEE | $150 |
| SITE EVALUATION: | |
| 0-4 ACRES | $50 |
| 5-24 ACRES | $100 |
| 25-49 ACRES | $150 |
| 50-99 ACRES | $200 |
| | |
| PRIVATE WATER | 655 |
| WATER SAMPLE | $15* |

*Health Dept. may exempt fee for investigation of of illness.

| | |
|---|---|
| TANNING BEDS | 677 |
| REGISTRATION FEE | $20 |
| | |
| SWIMMING & BATHING AREAS 695-696 | |
| OPERATION INSPECTION FEES: | |
| <150 LINEAR FT OF BEACH | $87 |
| >151 LINEAR FT OF BEACH | $167 |
| <1000 SQ FT POOL | $87 |
| >1001 SQ FT POOL | $167 |

| | |
|---|---|
| **POOL CONSTRUCTION FEES:** | |
| **PRE-RENOVATION EVALUATION** | **$200** |
| **PLAN REVIEW:** | |
| **GUTTER POOLS & MAJOR RECONSTRUCTION** | **$300** |
| **SKIMMER POOLS & MINOR RECONSTRUCTION** | **$150** |
| **MINOR RECONSTRUCTION** | **$100** |
| **ROUGH-IN INSPECTION** | **$100** |
| **FINAL INSPECTIONS** | **$150** |

**(THE FEES IN BOLD ARE STATE FEES DONE BY THE STATE ENGINEER-ONLY COUNTIES EXCLUDED FROM THESE FEES BEING STATE FEES ARE THOSE WHO HAVE THEIR OWN ENGINEER.)**

DFS-333 (08-96)

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH

**LOCAL HEALTH DEPARTMENT**

**Environmental Non-Complete Inspection Activity Report**

1. ☐☐☐ Health Dept. I.D. Code

2. ☐☐ – ☐☐☐ Class No. Employee Class I.D.

3. ☐☐ ☐☐ ☐☐ Mo. Day Yr. Week Ending

4. _____ Last First M.I.

| LINE NO. | TYPE OR SERV. OO | PROJ. RPT. AREA OOO | LOC. OOO | DATE OF SERVICE OO-OO | PLACE OF SERVICE | ACTION TAKEN X | ATTEN DANCE OOOO |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
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| 25 | | | | | | | |

WEEKLY ACTIVITY REPORT FORM
DFS-333

DFS-333(a) (10-86)

CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR HEALTH SERVICES
LOCAL HEALTH DEPARTMENT
Environmental Non-Complete Inspection Activity Report
Continuation Sheet

Employee Name

| LINE NO. | TYPE OR SERV. (X) | PROJ. RPT. AREA (XX) | LOC. (XX) | DATE OF SERVICE (XX-XX) | PLACE OF SERVICE | ACTION TAKEN X | ATTEN-DANCE (XXX) |
|---|---|---|---|---|---|---|---|
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CONTINUATION WEEKLY ACTIVITY FORM
DFS-333a

# REQUEST FOR SERVICE CODING OPTION

Some health departments and or districts chose to code through the Request for Service option. This option is under section "C" in the Ehmis manual. This screen follows the DFS-327 form. This will also lead you to a dog bite screen if this is a Rabies complaint. You also have a few lines to type comments and at the end of the file. Once you have completed the investigation or activity you will resolve the file. The Request for Service file assigns a number from the Ehmis system. You can look this up and see which inspector worked this service and what action was taken. You would still need to use the weekly activity form DFS-333 for office activities but this would greatly cut down on the services an environmentalist needed to put on the DFS-333.

NOTE: If you chose to use the DFS-327 Request for Service option you would not code those services on the DFS-333 Weekly Activity form. You must also remember in order for "Request For Service" screen to work in accounting for services for an inspector you <u>must</u> also enter the service on the CDS-89 screen. Instead of using a permit number you would use the Request for Service file number.

DFS-327 (Rev. 10-89)

COMMONWEALTH OF KENTUCKY
CABINET FOR HUMAN RESOURCES
DEPARTMENT FOR HEALTH SERVICES

# REQUEST FOR SERVICE RECORD

| Action | Request No. | County | Reporting Area | Date | Method |
|---|---|---|---|---|---|
| N - New ☐<br>C - Change ☐ | | | | | 1. Phone ☐<br>2. In Person ☐<br>3. By Letter ☐<br>4. City ☐<br>5. Other ☐ |

| Received By | Map | Section | City | Census Tract |
|---|---|---|---|---|
| | | | Yes Y<br>No N | |

Complaint/Service Address: _____ (#) _____ (Street)
_____ (City) _____ (State) _____ (Zip Code)

Condition Reported: _____

Person or Premises to See: _____

Initiated By: _____ (Last Name) _____ (First Name) _____ (Middle Initial)
_____ (City) _____ (State) _____ (Zip Code)
_____ (Home Phone) _____ (Work Phone)

Owner/Agent/Tenant Name and Address: _____ (Last Name) _____ (First Name) _____ (Middle Initial)
_____ (City) _____ (State) _____ (Zip Code)
_____ (Phone)

Indicate: O - Owner A - Agent T - Tenant

| Animal Bite | Print Request | Establishment No. | Original No. | Resolved Date |
|---|---|---|---|---|
| No N | Yes Y<br>No N | | | |

Comments: _____

---------- EXCEPTIONS ----------

| Type | Sanitarian No. | Date | Action Code | Next Inspection Date |
|---|---|---|---|---|
| | | | | F |
| | | | | F |
| | | | | F |

## 655 – Water Samples

When you go out to take a water sample code on your weekly as follows:

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 11 | 655 | CO# | DATE | NAME OF PERSON | | # OF SAMPLES TAKEN |

When sample results are in code as follows:

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 12 | 655 | CO# | DATE | NAME OF PERSON – CODE THAT APPLYS-SEE BELOW | ACTION CODE FROM BELOW | |

IF YOU TAKE MORE THAN ONE SAMPLE OR HAVE MORE THAN ONE WITH SAME RESULTS ON THE SAME DAY YOU CAN PUT THE TOTAL NUMBER UNDER ATTENDANCE.

V – POSITIVE
W- NEGATIVE
X – SAMPLE REJECTED

## 660 – NUISANCE

The first response to a nuisance would be coded as an 03 – Complaint. If you take care of it on first visit code the action that applies with the 03. See below for the action codes that would most probably be used:

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 03 | 660 | CO# | DATE | ADDRESS/REFERRAL # | B | |
| 2. | 03 | 660 | CO# | DATE | ADDRESS/REFERRAL # | C | |
| 3. | 03 | 660 | CO# | DATE | ADDRESS/REFERRAL # | D | |
| 4. | 03 | 660 | CO# | DATE | ADDRESS/REFERRAL # | E | |

If you have to make additional visits to the same complaint they would all be 02 – Follow Up. Leave the action code blank until the complaint is finished and then code the appropriate action.

# 680 – ONSITE SEWAGE

## 680-SITE EVALUATIONS

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 07 | 680 | CO# | DATE | ADDRESS – WENT TO DO SITE AND HOLES NOT DUG | LEAVE BLANK | |
| 2. | 06 | 680 | CO# | DATE | ADDRESS | S | |
| 3. | 06 | 680 | CO# | DATE | ADDRESS | #G | |
| 4. | 06 | 680 | CO# | DATE | ADDRESS | S | |
| 5. | 06 | 680 | CO# | DATE | ADDRESS | #J | |
| 6. | 07 | 680 | CO# | DATE | ADDRESS | | |

## 680-PERMITS, ETC

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 680 | CO# | DATE | ADDRESS – PERMIT ISSUED | P | |
| 2. | 08 | 680 | CO# | DATE | ADDRESS – VARIANCE WRITTEN | #L | |
| 3. | 05 | 680 | CO# | DATE | ADDRESS – INSTALLER AFFIDAVIT | #K | |

## 680-FINAL INSPECTIONS

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 01 | 680 | CO# | DATE | ADDRESS | A | |
| 2. | 01 | 680 | CO# | DATE | ADDRESS | Y | |
| 3. | 02 | 680 | CO# | DATE | ADDRESS | A | |

## 680-ONSITE OTHER

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 10 | 680 | CO# | DATE | INSTALLER CLASS | | 15 |
| 2. | 08 | 680 | CO# | DATE | INSTALLER QUESTIONS | #B | |
| 3. | 08 | 680 | CO# | DATE | LETTER SUSPENDING INSTALLER | G | |
| 4. | 07 | 680 | CO# | DATE | HEARING | K | |

## 685 – PRIVATE SEWAGE

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 685 | CO# | DATE | EXISTING SYSTEM FORM DONE IN OFFICE | #K | |
| 2. | 01 | 685 | CO# | DATE | EXISTING SYSTEM FORM DONE IN FIELD OR MORTAGE LOAN INSPECTION | #K | |
| 3. | 03 | 685 | CO# | DATE | INVESTIGATING A SEWAGE COMPLAINT | | |

## 07 – FIELD VISITS

In order to prevent double coding when two environmentalists go together to look at a job, one should code the job an the other one code 07. If one of you have ever been to this particular job in the past you should be the one to code it and whoever goes with you would code 07. If neither of you have ever been there before the environmentalist with the most seniority will code 07 and the other one code the visit. This would apply to all programs.

## 697 – RABIES

Initial investigation of an animal bite is coded as follows:

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 03 | 697 | CO# | DATE | ADDRESS AND NAME | Q | |

If you have trouble finding animal you could have several follow-up visits for same animal bite before quarantined:

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 02 | 697 | CO# | DATE | ADDRESS AND NAME | #A | |

WHEN QUARANTINE PERIOD IS OVER AND ANIMAL IS RELEASED:

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 02 | 697 | CO# | DATE | ADDRESS AND NAME | R | |

If animal dies prior to the end of the quarantine period, the head must be sent to rabies lab code this the same as a water sample with the reporting area 697. Code type 11 for sending sample in to lab and code type 12 for results with action codes V, W or X. Only code the results when you get the confirmatory report. If you code the preliminary and the confirmatory you will be counting results twice

V – POSITIVE
W – NEGATIVE
X – SAMPLE REJECTED

## 671-MOSQUITO CONTROL

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 07 | 671 | CO# | DATE | ADDRESS AND NAME | #C | |

## TEMPORARY AND PERMIT ELECTRIC

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 680 | CO# | DATE | ADDRESS AND NAME | #O | |
| 2. | 08 | 680 | CO# | DATE | ADDRESS AND NAME | #P | |

#O Action Code is used for the issuing of Temporary Electric and #P Action Code is used for the issuing of Permit Electric.

## 635-SCHOOLS

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 635 | CO# | DATE | ADDRESS AND NAME | #B | |
| 2. | 07 | 635 | CO# | DATE | ADDRESS AND NAME | | |

Schools are done on inspection sheets and therefore you would mainly have only office activities coded to this program. All other inspections as in complaints and regular inspections would be completed on the DFS-301.

## 650-YOUTH CAMPS AND 625-MOBILE HOME/RV PARKS

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 650 | CO# | DATE | ADDRESS AND NAME | #B | |
| 2. | 08 | 625 | CO# | DATE | ADDRESS AND NAME | #B | |
| 3. | 07 | 625 | CO# | DATE | ADDRESS AND NAME | | |

Youth Camps and Mobile Home/RV Parks are done on inspection sheets and therefore you would mainly have only office activities coded to these programs. All other inspections as in complaints and regular inspections would be completed on the DFS-308 and DFS-318.

## 695-POOLS

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 695 | CO# | DATE | ADDRESS AND NAME | D | |
| 2. | 08 | 695 | CO# | DATE | ADDRESS AND NAME | #B | |
| 3. | 07 | 695 | CO# | DATE | ADDRESS AND NAME | Z | |

Pools are done on inspection sheets and therefore you would mainly have only office activities coded to this program. But in the case of the field activity with the Action Code of "Z" an inspector could possibly find a pool being built. This pool could have possibly not gone through proper procedures to construct or alter a pool. Complaints and Regular inspections on permitted pools are done on DFS-349.

## 667-METHAMPHETAMINE LABORATORY

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 667 | CO# | DATE | ADDRESS AND NAME | | |
| 2. | 09 | 667 | CO# | DATE | ADDRESS AND NAME | #M | |
| 3. | 09 | 667 | CO# | DATE | ADDRESS AND NAME | #N | |

#M Action Code is used for Methamphetamine Posting and #N Action Code is used for Methamphetamine Posting Removal.

## 640-SEPTIC TANK PUMBER AND 641-DISPOSAL SITES

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 640 | CO# | DATE | COMPANY | #B | |
| 2. | 08 | 640 | CO# | DATE | COMPANY | D | |
| 3. | 08 | 641 | CO# | DATE | ADDRESS AND NAME | D | |

Septic Tank Pumpers and Disposal Sites are done on inspection sheets and therefore you would mainly have office activities coded to these programs. All other inspections as in complaints and regular inspections would be completed on DFS-315 and DFS-345.

## PLAN REVIEW TYPE CODE

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 13 | 630 | CO# | DATE | ADDRESS | | |
| 2. | 13 | 605 | CO# | DATE | ADDRESS | | |
| 3. | 13 | 625 | CO# | DATE | ADDRESS | | |

## 636-MOLD

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 636 | CO# | DATE | NAME AND ADDRESS | #B | |
| 2. | 08 | 636 | CO# | DATE | NAME AND ADDRESS | | 3 |

## 670-HISTO

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 670 | CO# | DATE | NAME AND ADDRESS | #B | |

## 637-INDOOR AIR QUALITY

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 637 | CO# | DATE | NAME AND ADDRESS | #B | |

## FOOD PROGRAMS

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 605 | CO# | DATE | NAME | #B | |
| 2. | 08 | 611 | CO# | DATE | NAME | D | |
| 3. | 08 | 615 | CO# | DATE | NAME | D | |
| 4. | 08 | 613 | CO# | DATE | NAME | #B | |
| 5. | 08 | 614 | CO# | DATE | NAME | #B | |
| 6. | 08 | 621 | CO# | DATE | NAME | D | |
| 7. | 08 | 604 | CO# | DATE | NAME | #B | |

All inspections and complaints are done on the corresponding inspection forms for entry into the system. You will mainly code office activities.

## 674-RODENT CONTROL

| Line No. | Type or Serv. 00 | Proj. Rpt. Area 000 | Loc. 000 | Date of Service 00-00 | Place of Service | Action Taken X | Attendance 0000 |
|---|---|---|---|---|---|---|---|
| 1. | 08 | 674 | CO# | DATE | MAKING RAT BAIT | | 14 |
| 2. | 08 | 674 | CO# | DATE | HANDING OUT RAT BAIT | | 3 |
| 3. | 03 | 674 | CO# | DATE | ADDRESS AND NAME | E | |
| 4. | 08 | 674 | CO# | DATE | ADDRESS AND NAME | #B | |

# (LHD ID CODE)

| District # | Co # | Name | District # | Co # | Name |
|---|---|---|---|---|---|
| 309 | 01 | Adair | 321 | 43 | Grayson |
| | 02 | Allen | 309 | 44 | Green |
| | 03 | Anderson | | 45 | Greenup |
| 304 | 04 | Ballard | 313 | 55 | Jackson |
| 303 | 05 | Barren | 314 | 46 | Hancock |
| 316 | 06 | Bath | 302 | 47 | Hardin |
| 313 | 07 | Bell | 313 | 48 | Harlan |
| 310 | 08 | Boone | 315 | 49 | Harrison |
| | 09 | Bourbon | 303 | 50 | Hart |
| | 10 | Boyd | 314 | 51 | Henderson |
| | 11 | Boyle | 305 | 52 | Henry |
| | 12 | Bracken | 304 | 53 | Hickman |
| | 13 | Breathitt | | 54 | Hopkins |
| | 14 | Breckinridge | 313 | 55 | Jackson |
| | 15 | Bullitt | | 56 | Jefferson |
| 303 | 16 | Butler | | 57 | Jessamine |
| 318 | 17 | Caldwell | | 58 | Johnson |
| 304 | 18 | Calloway | 310 | 59 | Kenton |
| 310 | 19 | Campbell | 312 | 60 | Knott |
| 304 | 20 | Carlisle | | 61 | Knox |
| 317 | 21 | Carroll | 302 | 62 | Larue |
| 311 | 22 | Carter | | 63 | Laurel |
| 309 | 23 | Casey | | 64 | Lawrence |
| | 24 | Christian | 312 | 65 | Lee |
| | 25 | Clark | 312 | 66 | Leslie |
| 313 | 26 | Clay | 312 | 67 | Letcher |
| 309 | 27 | Clinton | | 68 | Lewis |
| 318 | 28 | Crittenden | | 69 | Lincoln |
| 309 | 29 | Cumberland | 318 | 70 | Livingston |
| 314 | 30 | Daviess | 303 | 71 | Logan |
| 303 | 31 | Edmondson | 318 | 72 | Lyon |
| 311 | 32 | Elliott | 304 | 73 | McCracken |
| | 33 | Estill | 309 | 74 | McCreary |
| | 34 | Fayette | 314 | 75 | Mclean |
| | 35 | Fleming | | 76 | Madison |
| | 36 | Floyd | | 77 | Magoffin |
| | 37 | Franklin | 302 | 78 | Marion |
| 304 | 38 | Fulton | | 79 | Marshall |
| 317 | 39 | Gallatin | | 80 | Martin |
| | 40 | Garrard | 321 | 81 | Mason |

| District # | Co # | Name | District # | Co # | Name |
|---|---|---|---|---|---|
| 310 | 41 | Grant | 302 | 82 | Meade |
| 304 | 42 | Graves | 316 | 83 | Menifee |
| 306 | 84 | Mercer | 303 | 85 | Metcalfe |
| | 86 | Monroe | | 87 | Montgomery |
| 316 | 88 | Morgan | | 89 | Muhlenburg |
| 302 | 90 | Nelson | 315 | 91 | Nicholas |
| 314 | 92 | Ohio | | 93 | Oldham |
| 317 | 94 | Owen | 312 | 95 | Owsley |
| 317 | 96 | Pendleton | 312 | 97 | Perry |
| | 98 | Pike | | 99 | Powell |
| 309 | 100 | Pulaski | 321 | 101 | Robertson |
| 313 | 102 | Rockcastle | 316 | 103 | Rowan |
| 309 | 104 | Russell | 315 | 105 | Scott |
| 305 | 106 | Shelby | 303 | 107 | Simpson |
| 305 | 108 | Spencer | 309 | 109 | Taylor |
| | 110 | Todd | 318 | 111 | Trigg |
| 305 | 112 | Trimble | 314 | 113 | Union |
| 303 | 114 | Warren | 302 | 115 | Washington |
| 309 | 116 | Wayne | 314 | 117 | Webster |
| | 118 | Whitley | 312 | 119 | Wolfe |
| | 120 | Woodford | | | |

DISTRICT HEALTH DEPARTMENTS AND NUMBERS

| District # | Name |
|---|---|
| 302 | Lincoln Trail |
| 303 | Barren River |
| 304 | Purchase |
| 305 | North Central |
| 309 | Lake Cumberland |
| 310 | Northern KY. |
| 311 | Little Sandy |
| 312 | Kentucky River |
| 313 | Cumberland Valley |
| 314 | Green River |
| 315 | Wedco |
| 316 | Gateway |
| 317 | Three Rivers |
| 318 | Pennyrile |
| 321 | Buffalo Trace |

## SERVICE/ACTIVITY CODES FOR EHMIS SYSTEM

**01 (153)** **Regular** is used to record routine inspection on establishment and other facilities whenever documented. Use this code when inspecting existing sewage systems **not** related to a complaint.

**02 (153)** **Follow-up** is used to record all follow-up inspections as a result of a previous inspection whenever documented, all inspections other than the site evaluation and initial inspection of an onsite sewage system must be coded as a follow-up (02).

**03 (153)** **Complaint** is used to record the initial investigation of a complaint or animal bite whenever documented.

**04 (153)** **Survey** is used to record survey inspections on regulated establishments and other facilities whenever documented for the purpose of standardization and program evaluation.

**05 (153)** **Other** is used to record pre-opening and courtesy inspections on regulated establishments and other facilities whenever documented. A pre-opening inspection must be followed by a routine inspection. Also used to record monitoring activities for swimming pools, and excavations for onsite sewage.

**06 (153)** **Site Evaluation** is used to record site evaluations.

**07 (150)** **Field Activity** - Used to record all activities conducted in the field except documented services.

**08 (150)** **Office Activity** - Used to record all in-office activities provided and includes consultation, plan processing, and to record the number/name of rat bait packages distributed for the week.

**09 (153)** **Clinic, Survey or Posting** - Used to record organized rabies clinics which operate under the auspices of the health department, Methamphetamine Lab Postings, also used to record surveys and other group activities relating to surveillance for a specific condition or product and performed by health department personnel; i.e., housing, schools, food establishments, etc.

**10 (150)** **Educational Activity** - Used to record services for providing technical training or information relating to environmental health programs at meetings, classes, seminars, and other organized functions, and via news media or other communicative methods.

**11 (153)** **Samples** - Used to record services relative to the sampling/testing of food, water, sewage, solid waste, etc. **NOTE:** When these services are performed in conjunction with an inspection of an establishment on EHMIS, this code is not to be used but entered as part of the inspection.

**12 (150) FOR SYSTEM OPERATORS ONLY**

To enter an enforcement action and/or quarantine when not accompanied by an inspection form, you must enter it on Screen 89 as a **Type 12** with no score. You must have an action code unless the enforcement action is a quarantine.

Example: To show that a hearing was held, enter AK under the Exceptions field.
To show a quarantine, enter Q1 100 LB.

**13 (150)** **Plan Review** – Used to record all services relative to reviewing all types of plans as In pools, food, public buildings, hotel/motels, etc.

# FUNCTION CODES

CODE

129 or ENV: Program General – Used to charge all allowable expenditures made in a program that are not included in a more specific function. (This code is used mainly for Environmental Clerks and Environmental Supervisors.

150 or ENV: Environmental Activities – All employee time and other resources used in the environmental health projects for Activity Types 7, 8, 10 and 13.

All employee time and other resources used in any structural activity which provides learning opportunities that focus on improved job performance or any educational activity mainly involved in conveying new knowledge or facts; e.g., attendance at workshops, seminars, environmental core training, and specific health association meetings.

153 or ENV: Environmental Services – All employee time and other resources used in the environmental health projects for Services Types 1-6, 9 and 11.

160 or EAD: Environmental Administration – All employee time and other resources used in the environmental administrative and management activities of the health department.

180 or EAD: Employee Training – Uses to charge all allowable expenditures made in providing training to the employees and other staff of the department. Excludes expenditures made for on the job training to bring new employees up to the minimum expected level of job performance.

# ACTION CODE FOR EHMIS SYSTEM

| | |
|---|---|
| A. NAI or System Approved: | This code is used when no further action is necessary, in conjunction with food manufacturing and storage inspections, or when onsite sewage system is approved. |
| B. Invalid Complaint: | This code is used to record that a complaint was invalid. |
| C. Abated/Corrected: | This code is used to indicate violations or condition has been corrected. |
| D. Referral: | This code is used to record actions when referral to another Agency. |
| E. Notice to Correct: | This code is used when a notice to correct violations is issued. |
| F. Notice of Intent to Suspend: | This code is used when a Notice of Intent to Suspend a Permit, License, or Certification is issued. |
| G. Suspension: | This code is used when a permit, license, or certification is suspended. |
| H. Re-instated: | This code is used when a permit, license, or certification is re-instated. |
| I. Permit Revoked: | This code is used when a permit is revoked. |
| J. Notice to Apply for Permit: | This code is used when a notice is issued to apply for an or cease operation initial permit, or renewal of permit, or cease operation. |
| K. Hearing: | This code is used when the health department holds a hearing. |
| L. Court Action Initiated: | This code is used for cases referred to the County or Commonwealth Attorney for legal action. |
| M. Court Judgement: | This code is used when legal action results |

| | |
|---|---|
| | in a Court Order to Comply, a fine, or jail sentence. |
| N. Injunction: | This code is used when an injunction is secured. |
| O. VAI: | Used for food manufacturing and storage inspections. Voluntary Action Indicated. Objectionable conditions observed during inspection usually require a follow-up somewhere between 30 days and 6 months. |
| P. OAI or Permit Issued: | Used for food manufacturing and storage inspection. Onsite Sewage and Private Official Action Indicated. An official action, such as a Sewage large lot of produce has been quarantined. Accelerated follow-up usually between 30 and 90 days. Also, used for onsite sewage to indicate permit has been issued. |
| Q. Quarantine: | Used when entering a quarantine action. |
| R. Release: | This code is used to record all quarantine releases. |
| S. Site Evaluation Approved: | This code is used to record site evaluations which were approved. |
| T. Dye Testing: | Used to record a dye test conducted. |
| U. Recall: | Used to record product recalls. |
| V. Positive: | Used to record positive laboratory results. |
| W. Negative: | Used to record negative laboratory results. |
| X. Sample Rejection: | Used to record samples rejected by laboratory. |
| Y. Inspection Failure: | Used to record an inspection which failed, i.e., mortgage, onsite and complaint inspections. |
| Z. Cease Operation: | Used to record closure of any operation that |

| | |
|---|---|
| | does not have a permit. |
| #A. No Response: | Used when investigating complaints, no one is present, and the investigation CAN NOT be conducted. |
| #B. Advised: | Used when other actions are not warranted. May use with a new pull date or file away. |
| #C. Baited/Treated: | Used when primary activity was the baiting for rats or the applications of insecticide for mosquito control. |
| #D. Office Hearing Issued: | To be used when on Office Hearing is issued as a result of an investigation. |
| #E. Pre-Court Appearance: | Used for Pre-Court inspections. |
| #F. Court Appearance: | Used to indicate an appearance in district court. Should a judgement be made also use Action Code "M". |
| #G. Site Evaluation Fails: | Used to record site evaluation conducted which failed. |
| #H. Suspension Food: | Used in Retail/Food (607) program to indicate suspension of food portion of establishment. |
| #I. Suspension Retail: | Used in Retail/Food (607) program to indicate suspension of retail portion of establishment. |
| #J. Site Unapprovable: | Used to record sites which are unapprovable for any system. |
| #K. Affidavit: | Used to record an Installer Affidavits received. |
| #L. Variance Issued: | Used to record Onsite Sewage Variance issued. |
| #M Methamphetamine Posting: | Used to record posting of Methamphetamine posting. |

| | | |
|---|---|---|
| #N | Methamphetamine Posting Removal: | Used to record Methamphetamine removal sign. |
| #O | Temporary Electric Sticker: | Used to record when issueing a Temporary Electric Sticker |
| #P | Electric Sticker: | Used to record when a permeate Electric Sticker is issued. |
| CB. | | Refer to County Works Department. |
| CK. | | Approved Existing System |

PROJECT REPORTING AREAS FOR EMPLOYEE TIME DISTRIBUTION AND

WEEKLY ENVIRONMENTAL ACTIVITY REPORT

**600** **Registered Sanitarian** – Used to record activities/services rendered in oversight of the registered sanitarian committee.

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602

**603** **Restricted Food Concessions** – Used to records services/activities rendered to Restricted Food Concession as defined in Interpretation 61: KRS 217.015 through KRS 217.285, KRS 217.992.

**604** **Temporary Food Service Establishment** - Used to record services/activities rendered, to a temporary food service establishment as defined in Kentucky Food, Drug and Cosmetic Act KRS 217.015 to KRS 217.215.

**605** **Food Service** - Used to record services/activities rendered to any food service establishment as defined in the Kentucky Food, Drug and Cosmetic Act KRS 217.015 to KRS 217.215 of vending machine commissary and defined in KRS 217.808.

**606** **Vending Machines** - Used to record services/activities rendered to any vending machine location as defined in the Kentucky Vending Machine Act of 1972 KRS 217.808 to 217.812.

**607** **Retail/Food Establishment** - Used to record all services/activities rendered in any combination retail/food establishment as defined in Kentucky Food, Drug and Cosmetic Act KRS 217.015 to KRS 217.215.

**608** **Bed and Breakfast Establishments** - Used to record services/activities rendered to any bed and breakfast establishment as defined in the Bed and Breakfast Regulation KRS 217.125.

**609** **Foodborne Disease** - Used to record all services/activities rendered in a Foodborne disease investigation. (This code is for services only.)

**610** **Retail Food Stores** - Used to record services/activities rendered to any retail food market as defined in Kentucky Food, Drug and Cosmetic Act KRS 217.015 to KRS 217.215.This includes retail food stores, retail meat markets, fish and seafood markets, A specialty item retail bakeries and confectioneries (e.g. doughnuts, cookies, candies, etc.), mobile retail food sales, and establishments operation microwave type oven in conjunction with prepackaged foods (sandwiches, etc.)

**611** **Produce and Farmers Market** – Used to record services/activities rendered to Farmer's Markets, Home-Based Processors, and Home-Based Microprocessors as defined in 902 KAR 45:090; KRS 217.136 through KRS 217.139.

**612** **Shellfish Certification Program** – Used to record services/activities rendered in any combination of activities as defined in 902 KAR 45:020; KRS 217.005 through KRS 217.215.

**613** **Food Handlers** - Used to record all services/activities rendered in a Food Handler Certification.

**614** **Food Managers** - Used to record all services/activities rendered in a Food Manager Certification.

**615** **Food Processing or Storage Establishment** – Used to record services/ activities rendered to all plants manufacturing, storing, and processing food products in bulk form, usually for wholesale purposes, and vehicles regularly used in transporting food products as defined in Food, Drug and Cosmetic Act KRS 217.015 to 217.215. This includes milk transporting vehicles, bottling plants (beverages), wholesale bakeries, candy manufacturers, flour and meal mills, fish processing establishments, food salvage processors and distributors, ice manufacturing and/or plants bottling water for human consumption, frozen locker plants, granaries and warehouses, retail bakeries and retail candy stores. Milk and milk product processing plants are not included.

**616** **Frozen Food Lockers** - Used to record all services/activities rendered for Frozen Food Lockers as defined in KRS 221.010.

**617** **Raw Agriculture Sampling** - Used to record services/activities rendered to commercial producers of raw agricultural products. This includes the collection of samples from growers of fruits and vegetables in Kentucky. Sample collected for pesticide residues, from the grower at the time of picking or harvesting for sale to consumers.

**618** **Drugs Quarantine** - Used to record all services/activities rendered in quarantine, voluntary destruction of outdated over- the-drugs.

**619**

**620** **Hotel and Motels** - Used to record services/activities rendered to establishments offering sleeping accommodations to the public. Dining areas and cafeterias are not covered under this code.

**621** **Boarding Homes** - Used to record all services/activities rendered in any boarding home as defined in KRS 216B.300.

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**625** **Mobile Home and Recreational Vehicle Parks** - Used to record services/activities to all mobile home and recreational vehicle parks subject to inspection under KRS 219, including grounds, service buildings, and other related facilities used in operation of the park.

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**630** **Public Buildings and Recreational Facilities** - This code covers all public buildings and recreational facilities subject to inspection by health department personnel. Examples of such buildings and facilities are: bus and railway stations, institutions, courthouses, filling stations, community parks, playgrounds and picnic grounds, adult tent camping areas, boat docks, bathing and other water recreation areas, pool rooms, theaters, auditoriums, bowling alleys, carnivals and fairs, stadiums and other outdoor recreation areas. Food establishments, mobile home and recreational vehicle park areas are not included under this code.

**631** **Public Buildings Plans** – Used to record all services/activities in conjunction with reviewing Public Building Plans.

**632**

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**634** **Tattoo Studios** - Used to record all services/activities rendered to tattoo artists and tattoo studios as defined in KRS211.760.

**635** **Schools** - Used to record services/activities rendered to a school. The use of this code covers the building, grounds, premises, water and sewage disposal systems. School cafeterias are classified under "Food Service Establishment".

**636** **Mold** – Used to record services/activities for information dissemination and consulting activities concerning Mold.

**637** **Indoor Air Quality** – Used to record services/activities rendered in inquiries, information dissemination and investigation concerning Indoor Air Quality.

**638**

**639**

**640** **Septic Tank Cleaning Vehicles** - Used to record services/activities rendered to septic tank cleaning vehicles and disposal sites, including municipal disposal points.

**641** **Septic Tank Cleaning Disposal Site** - Used to record all activities related to land application disposal sites for septage and grease trap wastewater, as well as recycling/composting/treatment facilities, temporary storage facilities, etc.

**642**

**643** **Ear Piercing Studios** - Used to record all services/activities rendered to ear piercing artists and ear piercing studios as defined in 902 KAR 45:070; KRS 211.760.

**644** **Body Piercing Studios** – Used to record all services/activities rendered to Body piercers and body piercing studios as defined in KRS 211.760.

**645** **State Owned Confinement Facilities** - Used to record services/activities rendered to jails, prisons, and all other penal institutions. Food service operated at these places is not covered under this code.

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**650** **Youth Camps** - Used to record services/activities rendered to all camps used by youths as defined in Kentucky Youth Camp Regulation. Examples of such facilities are: residential camps, day camps, primitive or outpost camps (4-H camps, church camps, Boy and Girl Scout camps, etc.). Food service establishments operated at these places are not covered under this code.

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**654**

**655** **Private Water** - Used to record services/activities rendered in connection with a private water supply located on private property under the control of the homeowner.

**656** **Streams and Lakes** – Used to record services/activities rendered in complaint investigation and sample collection in streams and lakes.

**657**

**658** **Public Water Supply –** Used to record services/activities rendered in conjunction with an approved Public Water Supply.

**659** **Water Transport Vehicles -** Used to record services /activities rendered in conjunction of inspection and investigation of Water Transport Vehicles.

**660** **Nuisance Control -** Used to record all services/activities in connection with nuisance control.

**661** **Grass and Weeds** – Used to record services/activities rendered in conjunction with complaints relating to weeds and grass.

**662**

**663**

**664**

**665** **Consumer Product Safety -** Used to record all services/activities that relate to product safety inspections, surveillance for banned products, sample collection, response to consumer complaints, injury data collection and investigation, etc. This code includes such program areas as hazardous substances, lead-based paint, toys flammable fabrics.

**666**

**667** **Methamphetamine Laboratory –** Used to record services and activities related to discovery, public posting , decontamination and release of properties found or suspected to have been contaminated as a result of clandestine methamphetamine production.

**668**

**669**

**670** **Histoplasmosis** – Used to record all services/activities rendered for purpose of information, dissemination, consultation and investigation of Histo.

**671** **Mosquito Control** – Used to record all services/activities rendered in mosquito surveillance, larviciding, and adulticiding.

**672** **Birds** – Used to record all services/activities rendered for purpose related to disease surveillance and complaints.

**673** **Insects** – Used to record all services/activities rendered for purpose of controlling insects, roaches, bed bugs, flies etc.

**674** **Rodent Control** – Used to record all services/activities rendered for purpose of controlling rodents.

**675** **Radiation Control** - Used to record services/activities rendered in conjunction with the microwave oven inspections in private, institutional and commercial use.

**676** **Radon** - Used to record field and office activities in conjunction with Radon assessment in single family dwellings.

**677** **Tanning Beds/Booths** - Used to record registration and investigative services/activities pertaining to tanning beds/booths in commercial use.

**678** **Components** – Used to record services/activities related to the review, evaluation, inspection, and approval of materials, components, and equipment that are to be used as part of an onsite sewage disposal system. This would include piping, distribution boxes, septic tanks, leaching chambers, grease traps, effluent filters, dosing tanks, holding tanks, aerobic treatment units, other advanced treatment units, etc.

**679**

**680** **Onsite Sewage Disposal** - Used to record services/activities rendered in connection with evaluations and inspections of new proposed onsite sewage disposal systems for both residential and commercial developments. This Code is not to be used in coding work on malfunctioning systems - except in instances where a new system was constructed without a permit. This Code relates to the sewage system from the exterior of the building only and does not include interior plumbing.

**681**

**682**

**683** **Swimming Pool Engineer –** Used to record services/activities related to the construction, design and operation of public swimming and bathing facilities including plan review, plan consultation, rough-in and final inspections, review variance requests, provide training and site inspections.

**684** **Lead** - Used to record activities related to lead in residential or other child occupied facilities, including investigations/assessments, testing/sampling, abatement/mitigation work inspection/clearance, etc.

**685** **Private Sewage** - Used to record other services/activities related to sewage disposal systems such as; investigation of malfunctioning systems; existing system inspection for mortgage loan agencies; surveys related to system performance.

**686**

**687**

**688** **Hazardous Material Spills** – Used to record other services/activities in investigation, onsite visit, processing of sample collection, consultation, and implementation of state preparedness plan by direction of EOC.

**689** **Environmental Epidemiology –** Used to record activities/services rendered during the investigation, treatment, education or other administrative functions needed to address outbreaks or illness as a result of unsanitary environmental conditions and other environmental factors having negative impacts on public health. Not to be used when investigating food borne illnesses.

**690** **Environmental Protection** - Used to record services/activities rendered in environmental areas, other that those listed under a specific code, under the regulatory authority of the Department for Natural Resources and Environmental Protection. Such areas would include services relative to: public water, public sewage, and solid waste control.

**691** **Waste Water Treatment Plant** – Used to record services/activities rendered in complaints and investigations of Waste Water Treatment Plants.

**692** **Occupational Health** – Used to record services/activities rendered in conjunction with employee health and safety concerns at local businesses.

**693** **Swimming Pools General** – Used to record services/activities rendered in conjunction with site visits, rough-ins and final inspections by LHD's.

**694** **Private Swimming Pools** – Used to record services/activities rendered during consultations, site visits for in ground pool installations at properties with Onsite Sewage Disposal Systems.

**695** **Swimming Areas** - Used to record services/activities rendered to swimming pools, bathing beaches, wading and spray pools, spas, hot tubs, water slides, wave pools, etc. This includes inspection, testing sampling, and other surveillance of the facilities such as the bathhouse, filtration equipment, grounds and other attendant facilities.

**696** **Beach Areas** - Used to record all services/activities rendered for beach areas. (This code is for services only; all time must be coded to program 695.)

**697** **Rabies** - Used to record all services/activities rendered in connection with a Rabies Control Program.

**698** **Smoking Enforcement** – Used to record all activities related the investigation and enforcement which prohibits smoking in all buildings open to the public.

**699** **Other Unrestricted Funded Environmental** - Used to record time for environmental services/activities not contained in any other budgeted project and restricted to only coding of services that are conducted in non-defined program areas. All services must be coded to a defined program such as 605, 610, etc., regardless of being a budgeted project.

**811** **Elevated lead** - Used to record activities related to elevated lead in residential or other child occupied facilities, including investigations/assessments, testing/sampling, abatement/mitigation work inspection/clearance, etc.

**812 - 833**

**834** **Emergency/Disaster Service** - All direct uses of employee time for all services/activities provided during disaster or emergency situations relative to alleviating and/or abating public health hazards. This code is used in place of all other service codes during such time, except when a complete inspection is conducted for the purpose of reopening of an establishment.

**835 - 897**

**898** **Departmental Administration** - Used to charge all allowable indirect expenditures that benefit both environmental and medical projects. This code is used only on Time Distribution Sheets.

**899**

**900**

**901** **General Environmental Administration** - All direct uses of employee time and other resources which benefit more than one environmental program but are not identifiable to a specific environmental reporting area. This code is used only on Time Distribution Sheets.

# ENVIRONMENTAL PROGRAM, PLANNING AND BUDGET CODES

| BUDGET CATEGORIES 500<br>PROGRAM CODES | PROGRAM NAME | PROGRAM PLANNING |
|---|---|---|
| 603 | Limited Food Concessions | 603 |
| 604 | Temporary Food Service Establishment | 604 |
| 605 | Food Service Establishment | 605 |
| 606 | Vending Machine Company | 606 |
| 607 | Retail-Food Establishment | 607 |
| 608 | Bed and Breakfast | 608 |
| 609 | Foodborne Disease | 605 |
| 610 | Retail Food Stores | 610 |
| 611 | Produce and Farmers Markets | 611 |
| 612 | Shellfish Certification Program | 612 |
| 613 | Food Handlers | 605 |
| 614 | Food Managers | 605 |
| 615 | Food Processing or Storage Establishments | 615 |
| 616 | Frozen Food Lockers | 615 |
| 617 | Raw Agriculture | 615 |
| 618 | Drugs quarantine | |

| BUDGET CATEGORIES 520<br>PROGRAM CODES | PROGRAM NAME | PROGRAM PLANNING |
|---|---|---|
| 620 | Hotel or Motel | 620 |
| 621 | Boarding Homes | 620 |
| 625 | Mobile Home/Recreation Vehicle Park | 625 |
| 630 | Public Buildings/Recreational Facilities | 630 |
| 631 | Public Building Plan Review | 631 |
| 634 | Tattoo Studios | 634 |
| 635 | Schools | 635 |
| 640 | Septic Tank Cleaning Vehicles | 640 |
| 641 | Septic Cleaning Disposal Site | 640 |
| 643 | Ear Piercing | 644 |
| 644 | Body Piercing | 644 |
| 645 | Confinement Facilities | 645 |
| 650 | Youth Camps | 650 |
| 677 | Tanning Beds | 677 |
| 684 | Lead | 690 |
| 693 | Swimming Pools General | 695 |
| 694 | Private Swimming Pools | 695 |
| 695 | Swimming Areas | 695 |
| 696 | Beaches | 695 |

| BUDGET CATEGORIES 540<br>PROGRAM CODES | PROGRAM NAME | PROGRAM PLANNING |
|---|---|---|
| 636 | Mold | 636 |
| 637 | Indoor Air Quality | 637 |
| 655 | Private Water | 655 |
| 660 | Nuisance Control | 660 |
| 661 | Grass and Weeds | 660 |
| 667 | Methaphine Labs | 667 |
| 670 | Histoplamosis | 670 |
| 671 | Mosquito Control | 670 |
| 672 | Birds | 670 |
| 673 | Insects | 670 |
| 674 | Rodent Control | 670 |
| 697 | Rabies | 697 |

| BUDGET CATEGORIES 560<br>PROGRAM CODES | PROGRAM NAME | PROGRAM PLANNING |
|---|---|---|
| 678 | Components | 680 |
| 680 | Onsite Sewage Disposal | 680 |
| 685 | Private Swage | 680 |

| BUDGET CATEGORIES 580<br>PROGRAM CODES | PROGRAM NAME | PROGRAM PLANNING |
|---|---|---|
| 665 | Consumer Product Safety | 665 |
| 675 | Radiation Control | 675 |
| 676 | Radon | 676 |
| 683 | Swimming Pool Engineer (State) | 695 |
| **BUDGET CATEGORIES 590**<br>**PROGRAM CODES** | **PROGRAM NAME** | **PROGRAM PLANNING** |
| 656 | Streams and Lakes | 690 |
| 658 | Public Water Supply | 690 |
| 659 | Water Transport Vehicles | 690 |
| 688 | Hazardous Material Spills | 690 |
| 689 | Environmental Epidemiology | 690 |
| 690 | Environmental Protection | 690 |
| 691 | Waste Water Treatment Plant | 690 |
| 692 | Occupation Health | 690 |
| 698 | Smoking Enforcement | 690 |
| 699 | Other Unrestricted Funded Environmental | 699 |
| 834 | Emergency/Disaster Service | 690 |
| **BUDGET CATEGORY 594**<br>**PROGRAM CODE** | **PROGRAM NAME** | **PROGRAM PLANNING** |
| **BUDGET CATEGORIES 811**<br>**PROGRAM CODES** | **PROGRAM NAME** | **PROGRAM PLANNING** |
| 811 | Lead | 811 |
| 898 | Departmental Administration | 898 |
| 901 | General Environmental Administration | 901 |

# SECTION H

# ENVIRONMENTAL HEALTH FORMS, PAMPLHLETS, AND EQUIPMENT

# DIVISION OF LOCAL HEALTH FORM LISTING

| | |
|---|---|
| CHPS – 43 | Kentucky Youth Camp Accident and Illness Report (04/82) |
| CHPS – 52 | Beverage Plant Inspection Report (06/76) |
| CHPS – 159 | Investigation or Conference Report (04/84) |
| CHPS – 227 | Food Transporting Vehicle Inspection Report (09/83) |
| CHPS – 249a | Establishment Inspection Report (11/82) |
| CHPS – 249b | Establishment Inspection Report Continuation Form (11/82) |
| CHPS – 249c | Establishment Inspection Endorsement (11/82) |
| DFS – 200 | Facility Profile (07/01) |
| DFS – 202 | Application for Permit to Operate Temporary or Fee Exempt Food Service Establishment (12/00) |
| DFS – 203 | Information Sheet for Plan Review (Retail Establishments) (04/97) |
| DFS – 204 | Condemned Tag (04/97) |
| DFS – 205 | Food Handler's School Certificate (08/00) |
| DFS – 207 | Vending Machine and Location Inspection Report (06/00) |
| DFS – 208 | Food Establishment Inspection Report (10/02) |
| DFS – 209 | Notice Regarding Re-Use of Food Utensils (06/95) |
| DFS – 210 | Notice to Correct Violations (02/95) |
| DFS – 211 | Notice of Intent to Suspend Permit (07/90) |
| DFS – 212 | Request for Conference (10/96) |
| DFS – 213 | Notice of Conference (08/96) |
| DFS – 214 | Enforcement Notice to Apply for Permit, Order to Cease Operation, or Permit Suspension and Order to Cease Operation (08/96) |
| DFS – 215 | Application for Re-instatement of Suspended Permit (02/95) |
| DFS – 216 | Record of Complaint and Investigation (04/95) |
| DFS – 218 | Concessionaires Food Sanitation Guidelines (05/95) |
| DFS – 219 | Establishment Inspection Report (07/89) |
| DFS – 219b | Establishment Inspection Endorsement (08/90) |
| DFS – 220 | Food Plant Inspection Form (12/99) |
| DFS – 221 | Voluntary Destruction Form (02/89) |
| DFS – 222 | Notice and Order of Quarantine (05/94) |
| DFS – 223 | Tag – Quarantined (10/90) |
| DFS – 224 | Label for Sample Collection and Analysis (09/87) |
| DFS – 232 | Permit to Operate Temporary or Fee Exempt Food Service Establishment (05/94) |
| DFS – 239 | Food Service Certificate for Establishments (08/00) |
| DFS – 243 | Boarding Home Inspection Report |
| DFS – 253 | Ear Piercing Studio Inspection Form (05/04) |
| DFS – 301 | School Inspection Report (02/97) |
| DFS – 303 | Application for Certification to Operate Public Swimming Pool, Install/Inspect On-site Sewage Systems, Tattoo Artist, Body Piercer, Food Service Manager and Food Handler (07/03) |
| DFS – 305 | Notice to Abate a Nuisance (07/03) |
| DFS – 306 | Application for License to Operate a Business & Transport Wastes-Septic Tank Cleaners (06/87) |

| | |
|---|---|
| DFS – 307 | Sewage Disposal Application and Permit (04/97) |
| DFS – 308 | Youth Camp Inspection Form (05/91) |
| DFS – 310 | Wetlands Monitoring Form (02/91) |
| DFS – 311 | Complaint of Nuisance (Card) (10/86) |
| DFS – 312 | Notice To Remedy an Unsanitary Condition (06/87) |
| DFS – 313 | Public Restroom Inspection Form (12/89) |
| DFS – 314 | Hotel/Motel Inspection Form (01/91) |
| DFS – 315 | Septic Tank Cleaners Vehicle and Equipment Inspection Form (01/97) |
| DFS – 316 | Correctional Facilities Inspection Form (12/89) |
| DFS – 317 | Application for Construction Permit (Mobile Home and R V Parks) (09/96) |
| DFS – 318 | Mobile Home and R V Park Inspection Form (09/96) |
| DFS – 319 | Application for Site Evaluation (03/97) |
| DFS – 321 | On-Site Sewage Disposal Site Evaluation (09/96) |
| DFS – 322 | On-Site Sewage Disposal System Continuous Installation Inspection Report and Certification of Completion (10/91) |
| DFS – 323 | Notice to Cease Construction and Apply for Permit Tag (10/96) |
| DFS – 325 | Request for On-Site Sewage Disposal Evaluation and System Variance (09/91) |
| DFS – 326 | Existing Sewage System & Owner's Affidavit (09/91) |
| DFS – 327 | Request for Services (10/89) |
| DFS – 327a | Animal Bite Report and Quarantine Notice (11/92) |
| DFS – 328 | Notice of Approval of On-Site Sewage System (08/89) |
| DFS – 329 | Notice of Unapproval of On-Site Sewage System (09/91) |
| DFS – 330 | On-Site Sewage Disposal Systems Installer's Affidavit (05/91) |
| DFS – 333 | Environmental Non-Complete Inspection Activity Report (10/86) |
| DFS – 333a | Environmental Non-Complete Inspection Activity Report (Continuation) (10/86) |
| DFS – 334 | Alternative/Experimental On-Site Sewage Disposal System Owner's Affidavit (01/91) |
| DFS – 335 | Business License Surety Bond (11/93) |
| DFS – 336 | Affidavit of Surety's Qualifications (11/93) |
| DFS – 337 | Notice of Construction approval-KY Public Swimming and Bathing Facilities (03/91) |
| DFS – 338 | Notice to Cease Construction of Pool (03/91) |
| DFS – 339 | Notice to Cease Operation of Unapproved Public Swimming and Bathing Facility (03/91) |
| DFS – 340 | Application and Permit to Operate Day Camp Facilities (05/92) |
| DFS – 342 | Tattoo and Body Piercing Studio Inspection Report (07/03) |
| DFS – 343 | Tattoo Report (03/93) |
| DFS – 344 | Aquatic Facilities Operation (04/93) |
| DFS – 345 | Application for Site Evaluation and Permit to Operate a Disposal |

| | |
|---|---|
| | Site (09/96) |
| DFS – 346 | KY Well Inspection Form (12/8) (HAVE NOT BEEN PRINTED) |
| DFS – 347 | KY Spring Inventory Form (12/87) (HAVE NOT BEEN PRINTED) |
| DFS – 348 | Inspection Report Continuation (12/96) |
| DFS – 349 | Public Swimming & Bathing Facilities Inspection Sheet (12/88) |
| DFS – 350 | Beach Inspection Sheet (05/87) |
| DFS – 352 | Pool Log Sheet (05/87) |
| DFS – 353 | Public Swimming & Bathing Facility Temporarily Closed Placard (04/88) |
| DFS – 354 | Lead-Hazard Detection and Abatement Activities (01/97) |
| DFS – 355 | Application for Lead-Hazard Abatement Activities (01/97) |
| DFS – 400 | Tanning Facility Registration/Monitor (06/07) |
| DFS – 405 | Onsite Sewage Agency Referral Form (12/07) |

# Division of Public Health Protection & Safety

The following forms can be obtained from the Division of Public Health Protection and Safety. We are located in the Health Services Building, 275 East Main Street, 1R, Frankfort Kentucky 40621.

| | |
|---|---|
| DFS – 227 | Vending Machine Placard (11/00) |
| DFS – 230 | Frozen Food Locker Plant Inspection Report (1998) |
| DFS – 233 | Application to Operate (Used with Data System) (09/96) |
| DFS – 234 | Permit/License/Registration to Operate (Used with Date System) (09/96) |

NOTE: LAB – 504 – Sample Collection Data Report and Analysis must but Procured from Health Services Laboratory, 100 Sower Blvd., Suite 204, Frankfort Kentucky 40621 (Rev. 5/00)

LAB – 507 – Water Bacteriology Analysis Report (01/97)

DIVISION OF PUBLIC HEALTH PROTECTION AND SAFETY

The following pamphlets can be obtained from the Pamphlet Library at the address below:

CHR Pamphlet Library
c/o Frankfort Habilitation, Inc.
3755 U.S. 127 South
Frankfort Kentucky 40601
Telephone Number: 502/227-9529

| | |
|---|---|
| PAM – CHPS – 7 | Kentucky Food, Drug and Cosmetic Act |
| PAM – CHPS – 22 | State Carbonated Beverages (Soda Water) Regulation |
| PAM – CHPS – 31 | State Food Packaging and Labeling Regulation |
| PAM – DFS – 202 | Kentucky's Food Service Establishment Act and State Retail Food Service Code |
| PAM – DFS – 204 | Homeowners Guide to Sewage Systems |
| PAM – DFS – 205 | Kentucky Frozen Food Locker Regulation |
| PAM – DFS – 206 | State Food and Beverage Vending Machine Code |
| PAM – DFS – 208 | State Cosmetic Packaging and Labeling Regulation |
| PAM – DFS – 210 | State Food and Cosmetic Salvage Regulation |
| PAM – DFS – 211 | State Shellfish Regulation |
| PAM – DFS – 212 | State Bakery Products Standard of Identity and Labeling Regulation |
| PAM – DFS – 213 | Kentucky Bed and Breakfast (NOTE: Pamphlet can be Obtained from the Food Branch, 1st floor, 275 East Main Street, Frankfort Kentucky 40621) |
| PAM – DFS – 301 | Handbook for the KY Well User/Owner |
| PAM – DFS – 302 | Kentucky Mobile Home R.V. Parks Law and Mobile Home Park Regulation |
| PAM – DFS – 303 | On-site Sewage Disposal Systems Regulation |
| PAM – DFS – 304 | Kentucky Mobile Home and R.V. Parks Law and R.V. Regulation |
| PAM – DFS – 305 | Kentucky Hotel Law and Code |
| PAM – DFS – 306 | Kentucky Law Relating to Cleaning and Servicing of Septic Tanks, Seepage Pits and Cesspools |
| PAM – DFS – 307 | Kentucky Public Rest Rooms Regulation |
| PAM – DFS – 308 | Kentucky Youth Camp Regulation |
| PAM – DFS – 309 | Kentucky Confinement Facilities Health Act and Confinement Facilities Regulation |
| PAM – DFS – 310 | Kentucky Vending Machine Act of 1972 |
| PAM – DFS – 311 | The Kentucky School Sanitation Regulation |

| | |
|---|---|
| PAM – DFS – 312 | Kentucky Public Swimming & Bathing Facilities Regulation |
| POS – CHPS – 1 | Clean Hands – The sign of Decency (04/77) |
| PAM – DFS – 314 | Tattoo Artist Registration, Tattoo Studio Certification and Inspection |

LOCAL HEALTH DEPARTMENT REQUIRED EQUIPMENT

Mandatory Unless Otherwise Stipulated

**Temporary Food Service – 604**

Food Service – 605
Vending Machines – 606
Retail/Food Establishments – 607
Retail Markets – 610

**Food Manufacturing – 615**

A. Flashlight – Each inspector *
B. Camera (35mm recommended) Each inspector *
C. Light Meter – Each inspector *
D. Thermometers – Accurate temperature monitoring device, 0 F, to 220 F, metal stemmed, dial-type thermometer, a maximum holding thermometer, paper thermal testing strips (160 F), etc., for each inspector *
E. Food Sampling Kit – Two or more per county health center *
F. Lab coat/smock – Available
G. Clipboard, forms, etc. – Each inspector *
H. Cap and/or adequate hair/beard restraint – Each inspector (hard hat for food manufacturing) *
I. Chemical Test Kit or paper strips for checking sanitizing solutions – Each inspector *
J. Plastic Whirl – Pac sample collection bags or vials – Each inspector *
K. Black light – available (mandatory for food manufacturing)
L. Heat blower for testing automatic anti-vend controls on temperature controlled machines – optional
M. Grain probes (grain storage and mills) – each food manufacturing inspector
N. Sealing mechanism for sealing quarantined products in vehicles or enclosures available *
R. Sieve, 10 and 20 mesh per inch for grain storage, mills, warehouse, bakeries – each food-manufacturing inspector
S. Filth Kit – including scalpel, tweezers, etc. – optional
T. Recording device – optional
U. Tape Measure (100 feet) non-conductive

*Denotes items required on Retail Food Program Evaluation Report

**Hotel/Motels – 620**

Confinement Facilities – 645

**School Sanitation – 635**

A. Flashlight – Each inspector
B. Camera (35 mm recommended) – each inspector
C. Light meter – Each inspector
D. Clipboard, forms, etc. – Each inspector
E. Chlorine Test Kit
F. Recording device – optional
G. Appropriate sample collection containers

Mobile Home Recreational Vehicle Park – 625

A. Flashlight – Each inspector
B. Camera (35 mm recommended) – each inspector
C. Light meter – Each inspector
D. Tape measure (100 feet) non conductive
E. Clipboard, forms, etc. – Each inspector
F. Chlorine Test Kit
G. Recording device – optional
H. Appropriate sample collection containers
I. Fluorescein dye

Public Buildings and Recreation Areas – 630

A. Flashlight – Each inspector
B. Camera (35 mm recommended) – each inspector
C. Light meter – Each inspector
D. Fluorescein dye
E. Clipboard, forms, etc. – Each inspector
F. Chlorine Test Kit
G. Recording device – optional
H. Appropriate sample collection containers

Septic Tank Cleaners – 640

A. Flashlight – Each inspector
B. Camera (35 mm recommended) – each inspector
C. Fluorescein dye
D. Clipboard, forms, etc. – Each inspector
E. Recording device – optional

Youth Camps – 650

A. Flashlight – Each inspector
B. Camera (35 mm recommended) – each inspector
C. Light meter – Each inspector
D. Tape measure (100 feet) non conductive
E. Clipboard, forms, etc. – Each inspector
F. Chlorine Test Kit
G. Recording device – optional
H. Appropriate sample collection containers

Private Water Supplies – 655

A. Flashlight – Each inspector
B. Camera (35 mm recommended) – each inspector
C. Fluorescein dye
D. Clipboard, forms, etc. – Each inspector
E. Chlorine Test Kit
F. Appropriate sample collection containers

Rodent Control – 670

A. Flashlight – Each inspector
B. Camera (35 mm recommended) – each inspector
C. Clipboard, forms, etc. – Each inspector
D. Black light Portable
E. Coveralls – optional
F. Recording device – optional

On-site Sewage – 680

A. Soil hand auger (bucket type)
B. Transit or builder's level with tripod and leveling rod
C. Rock sounding rod
D. Munsell Color Chart (determination of types of soil and color)
E. Tape measure (100 feet) non conductive
F. Camera (35 mm recommended) – each inspector
G. Flashlight – Each inspector
H. Fluorescein dye
I. Clinometer

Private Sewage – 685

Nuisance Control – 660

A. Flashlight – Each inspector
B. Camera (35 mm recommended) – each inspector
C. Coveralls and Rubber Boots – optional
D. Clipboard, forms, etc. – Each inspector
E. Fluorescein dye
F. Tape measure (100 feet) non conductive
G. Recording device – optional

Public Swimming and Bathing Facilities – 695

A. Flashlight – Each inspector
B. Camera (35 mm recommended) – each inspector
C. Light meter – Each inspector
D. Clipboard, forms, etc. – Each inspector
E. Tape measure (100 feet) non conductive
F. Pool Water Chemistry test kits:
    1. A D-P-D (Diethyl-p-Phenylene Diamine) Test Kit for Measuring pH and chlorine
    2. Alkalinity Test Kit
    3. Cyanurie Acid Test Kit
    4. Bromine Test Kit

All test kits shall meet the standards as listed in Section 9 (15), of the regulation. Equipment listed in (f), items 1 and 2, and is mandatory. Items 3 and 4 are optional depending on pool usage in area served. Items 1, 2, and 3 may be combined in one test kit.

# SUGGESTED REFERENCE MATERIALS

1. Certified Pool Spa Operator (Newsletter of the National Swimming Pool Foundation)
2. Environmental Engineering and Sanitation, 4th Edition by J.A. Salvato (Textbook)
3. EPA's Guide: Onsite Wastewater Treatment and Disposal Systems
4. EPA's Indoor Air Quality "Tools for Schools" Kits
5. Food Quality (Periodical)
6. Food Chemical News (Periodical)
7. Handbook for Public Playgrounds Safety – US Consumer Product Safety Commission
8. Inspector's Manuel for State Food and Drug Officials (FDA)
9. KOWA Lateral Line (Periodical)
10. Land, Air & Water – KY Natural Resources and Environmental Protection Cabinet (Periodical)
11. Pool-Spa Operators Handbook – National Swimming Pool Foundation
12. Pool & Spa Chemistry: A Testing and Treatment Guide – Taylor Technologies
13. Principals of Food Sanitation by Norman G. Marriott (Textbook)
14. Pumper Magazine (Periodical)
15. Registered Sanitarian Handbook – Commonwealth of Kentucky
16. Sanitarian's Handbook: Theory and Administrative Practice (1977) by Ben Freedman, MD, MPH (Textbook)
17. Small Flows Pipeline
18. Small Flows Quarterly
19. Approved of Listing/Swimming Pools, Spas & Hot Tubs (NSF, UL and etc.)

## PROGRAM STANDARDS

| COST CENTER/PROGRAM AREA | | | INITIAL INSP. TIME | F.U.INSP. TIME |
|---|---|---|---|---|
| 500/ | 603 | Seasonal Restricted Food | 1.0 hour | 0.5 hour |
| | 604 | Temporary Food Service | 1.0 hour | 0.5 hour |
| | 605 | Food Service/Commissaries | 2.0 hours | 1.0 hour |
| | 606 | Vending Machine Sites | 1.0 hour | 1.0 hour |
| | 607 | Retail Food | 3.0 hours | 1.0 hour |
| | 608 | Bed and Breakfast | 2.0 hours | 1.0 hour |
| | 610 | Retail Food Store | 2.0 hours | 1.0 hour |
| | 611 | Home Based Microprocessors | 1.5 hours | 1.0 hour |
| | 612 | Shellfish | 6.0 hours | 6.0 hours |
| | 615 | Food Manufacturing | 6.0 hours | 6.0 hours |
| | 615 | Transporting Vehicles | 0.5 hour | 0.5 hour |
| 520/ | 620 | Hotels & Motels | 2.0 hours | 1.5 hours |
| | 625 | Mobile Home/RV Park | 2.0 hours | 1.5 hours |
| | 630 | Public Bldg./Restrooms | 1.0 hour | 1.0 hour |
| | 634 | Tattoo Studios | 2.0 hours | 1.5 hours |
| | 635 | Schools | 2.5 hours | 2.0 hours |
| | 640 | Septic Tank Cleaners | 1.0 hour | 1.0 hour |
| | 641 | Septic Cleaners/Disposal Site/Initial | 7.0 hours | 2.0 hours |
| | 643 | Ear Piercing | 2.0 hours | 1.5 hours |
| | 644 | Body Piercing | 2.0 hours | 1.5 hours |
| | 645 | Confinement Facilities | 7.0 hours | 3.0 hours |
| | 650 | Youth Camps | 5.0 hours | 2.0 hours |
| | 650 | Day Camps | 2.0 hours | 1.5 hours |
| | 677 | Tanning Beds | 2.0 hours | 1.0 hour |
| | 695 | Swimming Pools | 2.0 hours | 2.0 hours |
| | 696 | Bathing Beaches | 2.0 hours | 2.0 hours |
| 540/ | 655 | Private Water | 1.5 hours | 1.0 hour |
| | 660 | Nuisance Control | 1.5 hours | 1.5 hours |
| | 667 | Methamphetamine Lab | 1.0 hour | 1.0 hour |
| | 674 | Rodent Control | 1.5 hours | 1.5 hours |
| | 697 | Environmental Rabies | 2.0 hours | 1.5 hours |
| 560/ | 680 | On-Site Inspection | 2.0 hours | 1.5 hours |
| | 680 | On-Site Evaluation | 2.0 hours | 1.5 hours |
| | 680 | Subdivision Tentative/Approval Site | 1.0 hour | 1.0 hour |
| | 680 | Installer Testing | 2.0 hours | 2.0 hours |
| | 684 | Lead | 2.0 hours | 1.0 hour |
| | 685 | Private Sewage | 2.0 hours | 1.0 hour |
| | 811 | Lead-Certified Individual | 1.5 hours | 2.5 hours |
| 580/ | | Radiation and Product Safety | * | * |
| 590/ | | Special Project (Environmental) | * | * |
| 591/ | | Special Project (Radon) | * | * |
| 592/ | | Special Project (Environmental) | * | * |
| 593/ | | Special Project (Environmental/Food Manufacturing) | * | * |
| 594/ | | Special Project (Environmental (Class V Wells) | * | * |
| 595/ | | Special Project (West Nile Virus) | * | * |

*** Denotes- No time standards have been established for programs within this Cost Center.**

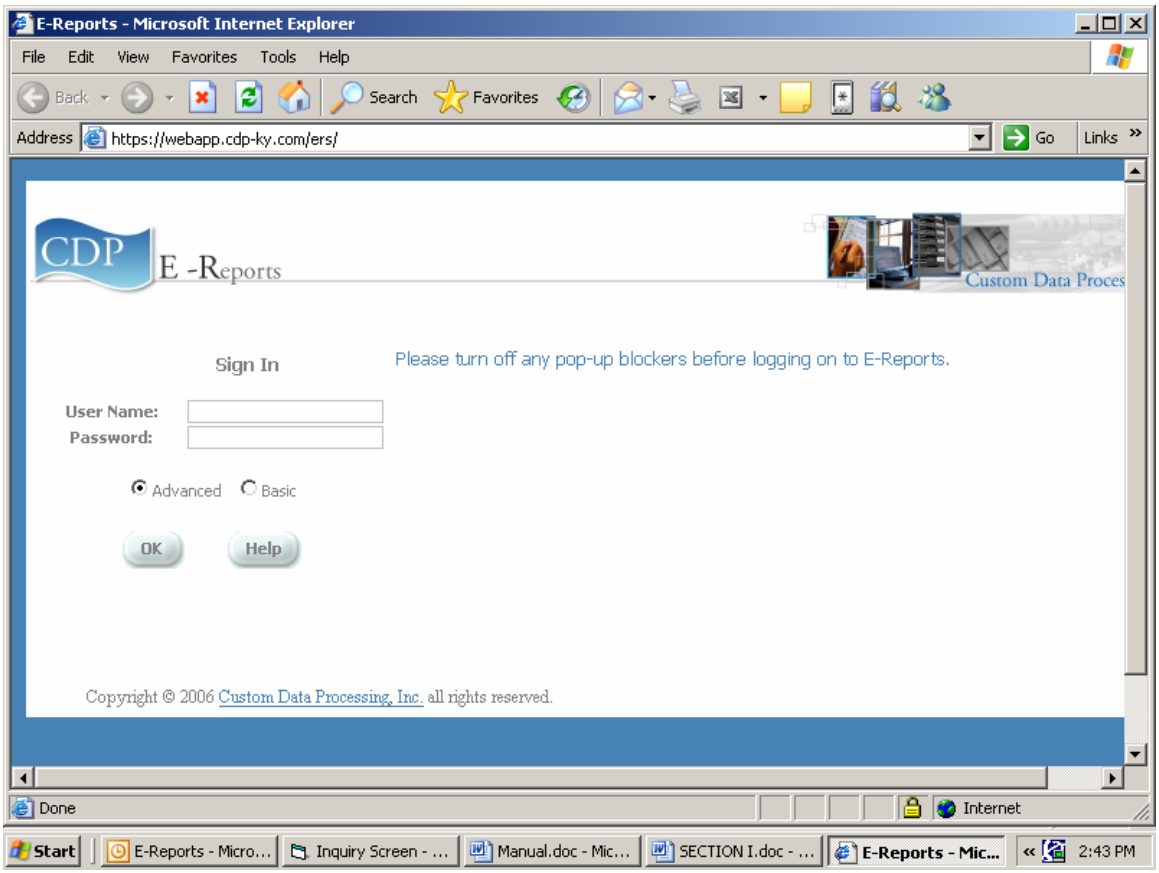
# SECTION I

ENVIRONMENTAL HEALTH MANAGEMENT
INFORMATION SYSTEM REPORTS

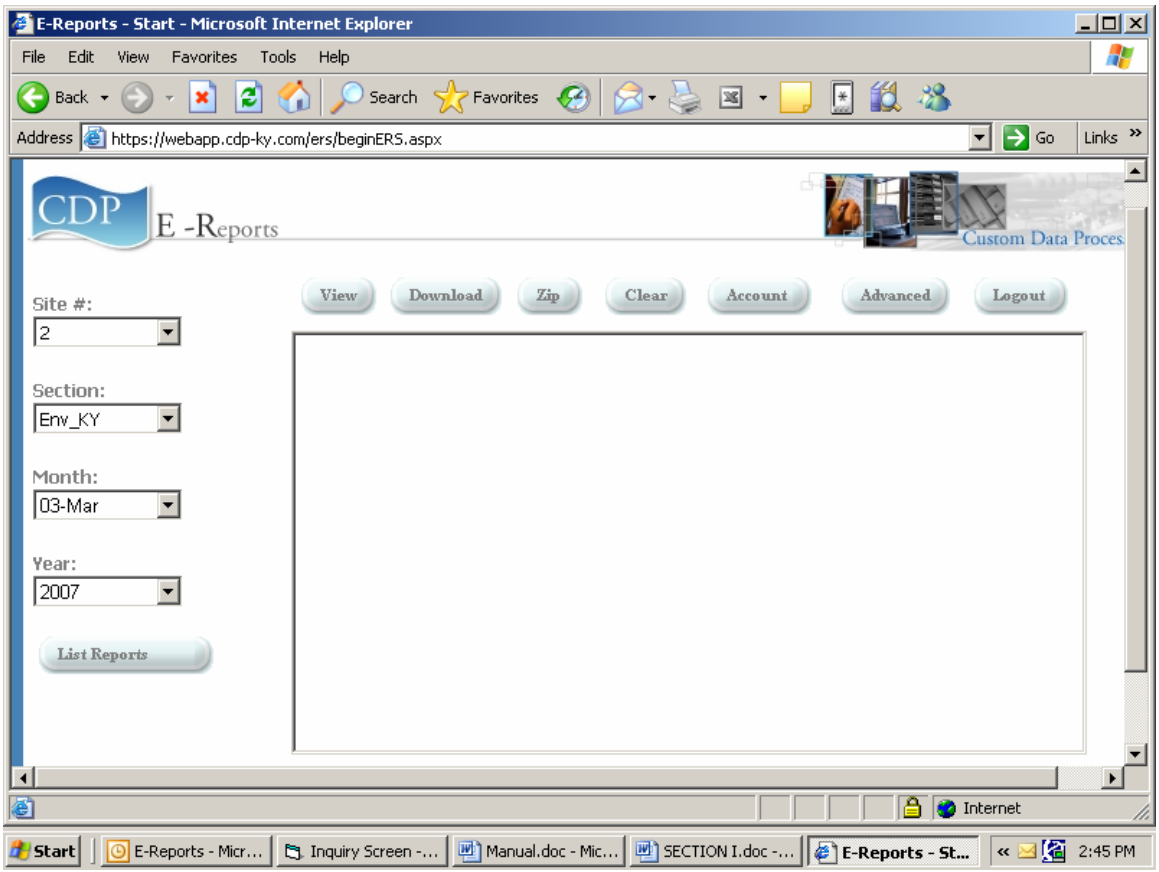
(THESE REPORTS CAN NOW BE PULLED OFF MONTHLY
FROM FOLDERS BUILT INTO E-REPORTS)

E-REPORTS WEBSITE

http://webapp.cdp-ky.com/ers




**Your user name is your KY number**
**Password is your EHMIS password**
**Click circle for BASIC**
**Hit OK**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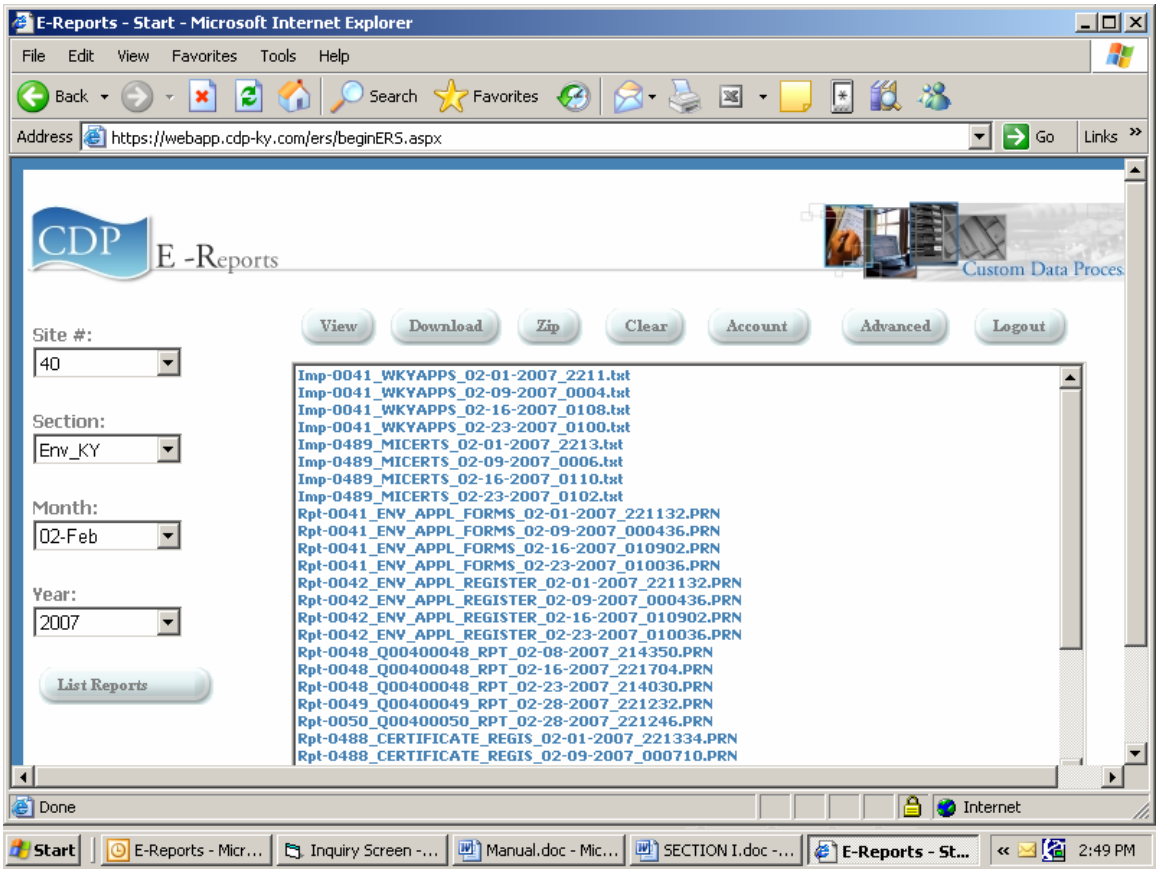
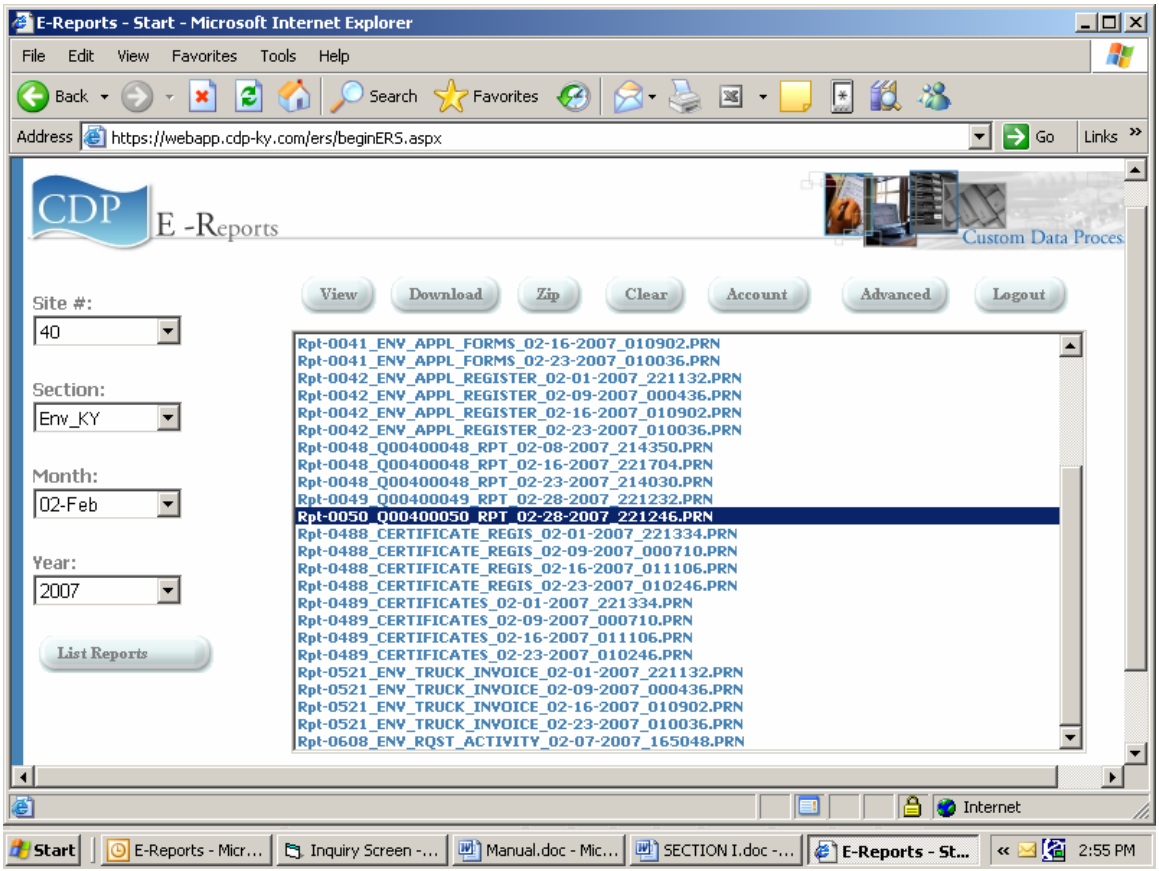



**Click on left side your District Site Number**
**Click on Time Frame you are inquiring about**
**Hit "Edit Reports" button**




**Highlight Report you wish to look at**
**Click View button**

https://webapp.cdp-ky.com - Report View - Microsoft Internet Explorer

Font Size ▸ Save Help Close

```
RUN DATE/TIME 02/28/07 22:12          REPORT OF CASH RECEIPTS - PROCESSING PERIOD 02-07
EVAR50 SITE # 40 REPORT # 50
                                        DISTRICT  299 - PUBLIC HEALTH                          PAY-IN
                                                                                       DEPT OR DIV -
                                                                                              ENVIR
    TO FINANCE DEPARTMENT:
                                                                                              COST C
         THE MONEY RECEIVED AND TRANSMITTED HEREWITH INCLUDES
         ALL RECEIPTS SINCE SUBMISSION OF THE LAST REPORT DATED:___________                   ACCOUN

         SIGNED_________________________________                                              ACCOUN

         TITLE _________________________________                                              DATE -

PROG#   ESTAB.       #       PERMIT     INSPECTION   CONSTRUCTION   ---BAD CHECKS---  ---REDEPOSITED CHECKS--
         SIZE     PERMITS    AMOUNT       AMOUNT        AMOUNT      QTY       AMOUNT    QTY           AMOUNT

 684 LEAD
                     15     7,325.00
      TOTALS         15     7,325.00

DISTRICT TOTALS      15     7,325.00

TRANSMITTED TO D.A.S _____________________________________________________  DATE _____________

RECEIVED D.A.S.      _____________________________________________________  DATE _____________

TRANSMITTED TO H.S.A _____________________________________________________  DATE _____________

RECEIVED H.S.A.      _____________________________________________________  DATE _____________

RUN DATE/TIME 02/28/07 22:12          REPORT OF CASH RECEIPTS - PROCESSING PERIOD 02-07
EVAR50 SITE # 40 REPORT # 50
                                        DISTRICT  299 - PUBLIC HEALTH
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Start | E-Reports - ... | Inquiry Scre... | Manual.doc ... | SECTION I.... | E-Reports - ... | https://we... | 2:56 PM

# EHMIS REPORTS

Report 40 – Establishment Profile Listing

This report lists the information, which was submitted on the Establishment Profile Form. The report is generated by program area, by county, by sanitarian, by district. The total number of establishments is provided by sanitarian, by county, by district. The report also indicates if the establishment is fee paying, the amount of the fee, and the current expiration date. A current copy is required to be assigned facilities. Supervisory staff must assure compliance. This report should be run every quarter.

Report 41 – Renewal Applications

Permit renewal applications are generated by program area at least thirty (30) days prior to the expiration date. The applications for permit are printed on forms supplied to the local health department by the Division of Local Health.

Report 42 – Application Billing Register

This report is a hardcopy (computer printout) listing the establishments for which a renewal application was generated. The amount of fees, invoice number and the total revenue amount which the health department should collect is indicated.

Report 43 – Permits

When paid permit fees are processed through the system, a Permit/License to Operate is automatically flagged for generation. Permits are also printed on special forms provided by the Division of Public Health Protection and Safety. The permits are to printed out on Friday of each week.

Report 44 – Permits Printed Register

This report is a hardcopy (computer printout) listing each establishment for which a permit was generated.

Report 45 – Final Applications Notice

A “Second Notice” or final notice is generated for each establishment, which has not renewed their permit by the expiration date. The special forms are supplied by the Division of Public Health Protection and Safety.

Report 46 – Delinquent Notice Register

This report is a hardcopy (computer printout) listing those establishments for which a delinquent notice was generated, and indicates the amount, which is outstanding.

Report 47 – A/R Aging Report

The Accounts Receivable Aging Report lists all establishments with an open (unpaid) invoice for a permit fee or an inspection fee. The report also lists those establishments whose fees were processed (paid) in the particular one-month period and those that were current. The report is generated on the first day of each month and indicated the age (number of days delinquent) of the invoice. It should be noted that an amount in the 120 day column is a least 120 days delinquent, but could be over 120 days delinquent. This report is available on the first day of each month and must be reviewed by the environmental directors, administrators and supervisors routinely. An establishment, which has not paid their renewal permit fee, is operating without a permit. Collected permit and inspection fees add money to your budget.

Report 48 – A/R Cash Receipts Register – Daily

This report is provided for terminal operators as an audit trail for fees processed the previous day. It is reviewed daily to assure that it balances with the amount of fees processed. This report lists all invoices that were set up and/or cleared for that particular day.

Report 49 – A/R Cash Receipts Register – Month End

This report is a computer printout of all fees processed for the month. It is reviewed to assure it balances with total fees processed for the month in conjunction with Report 50 (next item). This report lists all invoices that were set up and/or cleared for the processing month. If any corrections are made after the processing month has ended, a new Report 49 (as well as Report 50) must be re-printed. This report and Report 50 must be maintained five (5) years and after audit must be filed with bank statements and canceled checks.

Report 50 – A/R Monthly Cash Summary Report

This report is utilized to transmit all collected fees to the central office. It is also utilized to transmit collected fees for deposit to the Kentucky State Treasurer. If any corrections are made after the processing month has ended, a new Report 50 (as well as Report 49) must be reprinted. This report as Report 49 must be maintained for five (5) years and after an audit must be filed with bank statements and canceled checks.

Report 52 – Sanitarian By District Listing

This is a listing of all sanitarians by district, their addresses, and telephone numbers. The report is utilized for the Emergency Contact List.

Report 53 – Previous Inspection Results (by establishment)

This report lists all inspections for an establishment for the specified time frame. The report is generated by district, by county, by program area. Listed is the establishment name and number, inspection type, inspection date, any enforcement actions or quarantine actions, the total quantity involved in the quarantine action proposed inspection interval, score and each violation which was marked. If an establishment was inspected more than once, the average inspection interval, average score, total number of inspections by type, number of times the violation occurred, the violation number, and weight of the violation.

Report 55 – Daily Inspection Register

This report is utilized as an audit trail and as such is reviewed daily to assure the number of services balance with entries made the previous day.

Report 57 – Roster of Establishment to be Inspected

This report is a listing of all establishments due for inspection within the next thirty (30) days of those that are overdue. It is generated by sanitarian twice each month. The sanitarian dictates the inspection date by entering the specific inspection interval on the Establishment Profile Form. The next inspection date is calculated from the last routine inspection. If an establishment has not had a regular inspection, it will appear on Report 57 until one is entered.

Report 58 – Establishments Not Inspected

This report lists by district, by county, those establishments, which have not received a routine inspection during the specified time frame. This report is a quick monitoring device, which indicates those establishments on which the sanitarian is behind schedule, as well as those that have "never" received a routine inspection. This report can be requested for all programs or a specific program area. Supervisory staff must review this report routinely.

Report 60 – Statistics Report – District Totals

This report provides accumulative totals by program areas, the number of services provided by service type. Grand totals of all services are provided at the end of the report, as well as the quantity of foods quarantined, voluntarily destroyed, and released by program area. Grand totals are also provided for the food quantities. When requested by central office provides state totals.

Report 61 – Statistical Report – County Summary

Same as Report 60, except statistics are for each county within district.

Report 62 – Statistical Report – Sanitarian Summary

Same as Report 60 and 61, except statistics are listed by sanitarian.

Report 63 – Statistics Report – Sanitarian By County Summary

Same as 60, 61, and 62 except statistics are for sanitarian by county. If a Sanitarian conducted services in multiple counties, the sanitarian information will appear under each individual county.

Report 64 – Enforcement Actions – District Totals

This report provides a listing of the enforcement actions that were initiated for the specified time frame. (The enforcement actions are listed by program are with grand totals provided.) If requested by central office, this report provides state totals.

Report 65 – Enforcement Actions – County Summary

Same as Report 64, except statistics are for each county.

Report 66 – Enforcement Actions – Sanitarian Summary

Same as Report 64 and 65, except statistics are for each sanitarian within a district.

Report 67 – Enforcement Actions – Sanitarian By County Summary

Same as Report 64, 65 and 66, except statistics are for each sanitarian within a county. If a sanitarian conducted in multiple counties, the sanitarian information will appear under each county.

Report 68 – Previous Inspection Results

This report lists all inspections for Types 1-5 for the specified time frame. The report is generated by district, by county, by program area, by sanitarian. Listed is the establishment name and number, inspection type, inspection date, any enforcement actions or quarantine actions, the total quantity involved in the quarantine action, proposed inspection interval, score and each violation which was marked. If an establishment was inspected more than once, the average inspection interval, average score, total number of inspections by type, number of times the violation occurred, the violation number, and the weight of the violation. The annual Report 68 is required to be

maintained or file for five (5) years. Therefore, supervisory staff must assure compliance of this requirement.

Report 69 – Inspections by Type of Establishment

This report provides a summary of the number of establishments inspected, the average score, and a breakdown of the number of inspections by type of inspection. The report is generated by program area and by sanitarian within a county and district.

Report 70 – Inspections by Type of Establishment – County Summary

Same as Report 69, except statistics are provided on a county basis, by reporting area.

Report 71 – Inspections By Type of Establishment – District Summary

Same as Report 69 and 70, except statistics are provided on a district basis, by reporting area:

NOTE: Reports 70 & 71 are helpful when reviewed with Reports 72 & 73, when comparing sanitarian workloads, average scores, violation ratios, etc.

Report 72 – Scoring Level and Workload

This report indicates the average score, the scoring level breakdown, and the number of active establishments inspected, total number of inspections and breakdown of the inspections by type. The percentage of the inspections within each range provided directly below the number of inspections. The report is generated by sanitarian, by program area.

Report 73 – Scoring Level By Type Service

This report is similar to Report 72, except statistics are provided by type of service for each county within a district, by reporting area and provides the unduplicated number of establishments (in active status upon the date the report was generated), which were inspected. The same information is displayed as on Report 72.

Report 74 – Scoring Level and Workload – District Summary

This report is the same as Report 72, except each county is summarized on one line. In addition, it provides information relative to the number of establishments having an inspection and whose status at the time of the report date remains “active”.

NOTE: Reports 60-67 and 69-74 must be reviewed by supervisory staff quarterly and each sanitarian’s individual report provided to him/her for review. Such a practice can detect data entry or coding errors that will result in inaccurate and unreliable annual

reports for planning of environmental program activities. All detected errors must be submitted to data entry for correction. When percentages are provided for the number of inspections conducted, they appear directly below the number of inspections.

Report 75 – Violations Statistics and Ratios – County Summary

This report provides the proportionate incidence of items violated for Inspection Type 1. The report summarizes the information by sanitarian within each county, by reporting area. The average score, total number of inspections and the number of violations incurred are displayed.

Report 76 – Violation Statistics and Deviations From District

This report reflects deviations, rather than incidence, of the violations encountered. The deviations are computed in percentages, through comparing the sanitarian totals to the district totals.

## *Reports 77 through 87*

These reports were developed by the state of Tennessee, which are not routine Kentucky reports.

Report 88 – Establishment With Less than Two Regular Inspection

This report lists by county, by program, those establishments, which have not received two routine inspections during a specified time frame.

Report 272 – Inspection Time Report

This report was designed for the Retail Food Market and Food Manufacturing program areas. The report provides a breakout by ranges of minutes per inspection, i.e., 4-15 minutes, 16-30 minutes, etc. The report is generated by sanitarian and the total number of inspections conducted is included.

Report 273 – Census Report

This report provides the number of active and native establishments on the system. The report is generated by each county health center, each district and each single county. The breakout is by fee structure if applicable.

Report 286 – Septic Tank Truck Permit

When permit fees are received and processed through the system for a Septic Tank Cleaning Company, a permit is automatically generated for each truck and company operates. Permits and printed on special cards provided by the Department for

Public Health Protection and Safety. The permit must be printed out on Friday of each week.

Report 379 – Pool and Beach Invoices

This report is the inspection fee invoice of all pools and beaches. The invoices are printed on special invoice forms provided by the Division Public Health Protection and Safety. Invoices are generated annually each year (prior to the July 1 anniversary date).

Report 380 – Pool and Beach Delinquent Invoices

This report is the invoice for each pool or beach that had not paid their inspection fee at the time the report was generated. Invoice forms are provided by the Division for Public Health Protection and Safety.

Report 504 – Water Treatment Renewal Invoice

This report is the renewal invoice for Water Treatment Plants. This report is generated upon request.

Report 507 – Tanning Bed Renewal Invoice

This report is a hardcopy of the renewal application for Registration of the Tanning Facility. The renewal applications are run on special forms provided by the Division of Public Health Protection and Safety.

Report 508 – Tanning Bed Delinquent Invoice

This report is the delinquent application for each tanning bed facility that has not renewed their registration. The renewal applications are run on special forms that are provided by the Division of Public Health Protection and Safety.

Report 521 – Renewal Applications Septic Tank Cleaners

Permit renewal applications are generated for Septic Tank Cleaners at least thirty (30) days prior to the expiration date, the application are printed on a plain (3) part paper at Central Office.

Report 539 – Final Applications Septic Tank Cleaners

A “Second Notice” or final notice is generated for each company, which has not renewed their permit by the expiration date.

Report 584 – Daily Inspection Report

This report is for the Request for Service component and lists all requests having the next inspection date as the day after the report is available. (Example: If the report is called out on Tuesday morning, it will indicate inspections due Wednesday.) This report is run each weekday evening. The report is under: (User site) 584, using ZIRI or ZUPR Functions.

Report 591 – Certification System Master Listing

Report 592 – Daily Audit Report

This report is a listing of all Requests for Service entered into the system on a specific day. The report is run daily. The report is under: (User Site) 592.

Report 593 – Weekly No Activity Report

This report is a listing of all Request for Service that are 7 days old or older, with no inspection activity reported. The report runs weekly and is available on Monday mornings. The report is under (User Site) 593.

Report 595 – Equipment Manufacturers Product Components

Report 603 – Not Resolved Report

This report lists all Results for Service over 90 days old with inspection activity, but remaining unresolved.

Report 608 – Request Summary of Activity

This report lists the total number of Request for Service and Complaints received, resolved, related to establishments, not resolved and not investigated. Indicated are monthly and to-date totals.

Totals are also provided by the method Request for Service was received.

In addition, this report provides Animal Bite Summary Information, such as the totals by number of bites, species, number of bites to head or body, number of animal heads submitted, animals quarantined, rabies advisories, disposition of animals, and laboratory analysis results.

Report 609 – Statistics Report – Request Only

This report is the same as report 60, but only pulls off inspections entered as request inspections.

Report 703 - Summary of Request Record Entries – By Program

This report is the same as report 608, except broken down by reporting area/section/county/district/client.

Report 704 – Statistics Report – By Section

This report is the same as report 609, but also sorts down by the section number. Report is specifically for District 56.

Report 705 – Enforcement Action – By Section

This report is the same as report 610, but also sorts down by section number. Report is Specifically for District 56.

*NOTE: These two reports generate for downloading of "Hand Helds".*

Report 1423 – This is the report that prints showing what was REJECTED in download.

Report 1424 – This the report that prints showing what was ACCEPTED in download.

# SECTION K

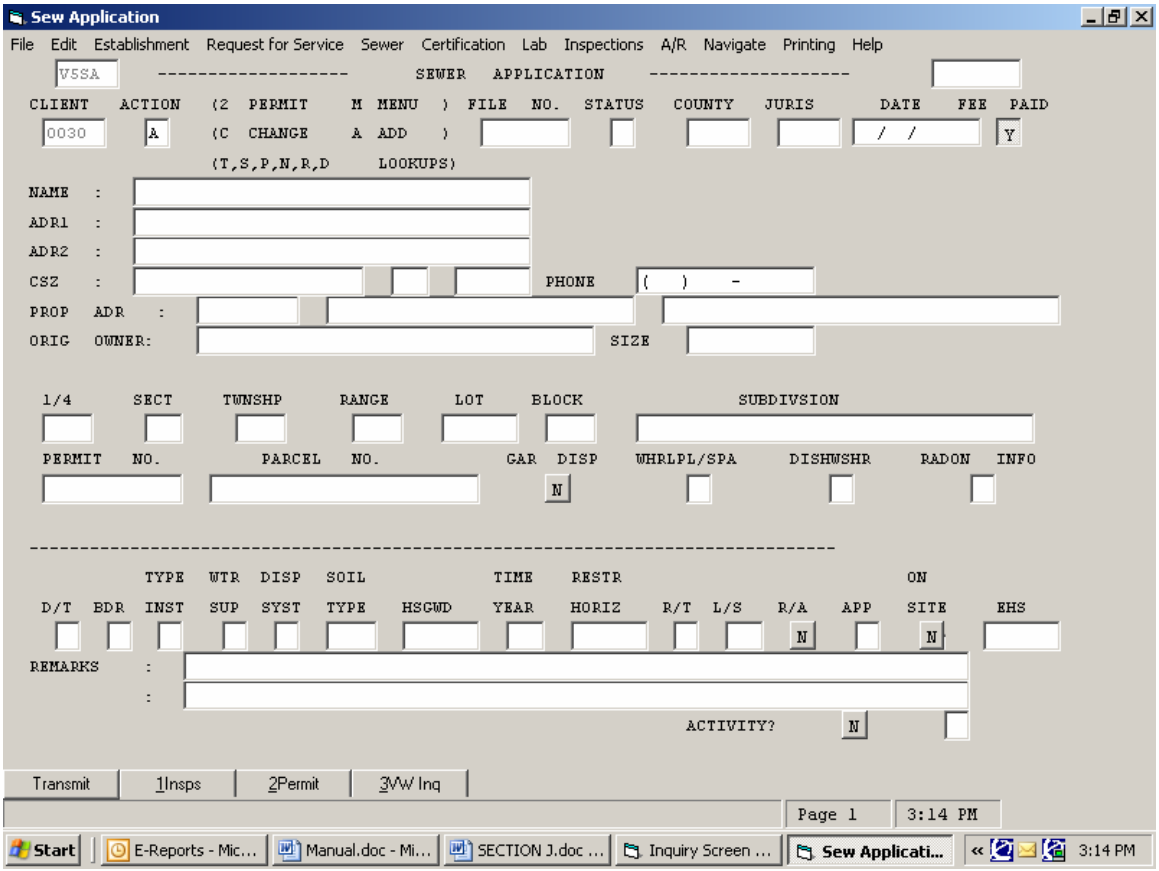
SEWER PERMITS/MORTGAGE SURVEY

THIS SECTION INCLUDES THE INSTRUCTIONS FOR DATA ENTRY OF THE SEWER PERMITS/MORTGAGE SURVEY SYSTEM. EACH APPLICATION FOR EITHER A SEWER PERMIT OR A MORTGAGE SURVEY HAS A PERMANENT RECORD BUILT INOT THE SYTEM.

**THESE ARE NOT ONSITE SCREENS THIS IS A WHILE OTHER DATA SYSTEM USED ONLY IN CERTAIN COUNTIES/DISTRICTS.**

Screens are located under the drop down menu SEWER:

Add Sewer Record Screen



Item 1: Client: This client number is always 30, which represents the Commonwealth of Kentucky.

Item 2: Action: The action code is utilized for the following options:

A. Add a new entry.
C. Change the existing entry.
I. Inquire into specific file number given.
M. Return to main menu.
N. Request the directory screen by existing Name key.
P. Request the directory screen by existing Parcel key.
S. Request the directory screen by existing Subdivision key.
T. Request the directory screen by existing Township key.
2. Inquire into permit screen for existing entry.

NOTE: Action is a required field.

Item 3: File Number: The file number is the number of the sewer application you are working with.

NOTES:

1. File number is required for actions “C”, “I”, and “2”.
2. File number must be blank for action “A”. The computer will automatically generate a number.
3. File number must be numeric.
4. File number must be a sewer application number.

Item 4: Status: This code indicates the status of the record. (Default is “A”.)

A. Flags the record as active.
D. Flags the record as deleted.

Item 5: County: Indicates the county property is located in.

NOTES:

1. County is a required field.
2. County must be numeric.
3. County must be on file and assigned to your site.

Item 6: Juris: This numeric field is the jurisdiction under which this property resides.

Item 7: Appl Date: This date the application was applied for.

NOTES:

1. Date is a required field.
2. Date must be in MMDDYY format.
3. Date cannot exceed today's date.

Item 8: Fee Paid: Was fee paid.

Item 9: Name: Name of applicant.

Item 10: Adr1: First Address line of applicant.

Item 11: Adr 2: Second address line of applicant.

Item 12: Csz: City, State, and zip code of applicant.

Item 13: Phone: Phone number of appliant.

Item 14: Prop Address: First and second address lines at which property is located.

Item 15: Original Ownr: Name of original owner of property.

Item 16: Size: Size of property.

NOTE: Size has five digits to the left of the decimal and three to the right (ex. 12345.678).

Item 17: Township Key: The quarter, section, township, and range in which the property Resides

¼ - Quarter section of where property resides.
Section – Section of where property resides.
Township – Township where property resides.
Range – Range where property resides.

NOTES:

1. Township key must exist if Subdivision key is blank.
2. Section, Township, and Range are required fields in order to make up a Township key.

Item 18: Subdivision Key: The lot, block, and subdivision in which the property resides.

Lot – Lot number of the property.
Blk – Block number on which the property resides.
Subdivision – Name of subdivision in which the property resides.

NOTES:

1. Subdivision key must exist if the Township key is blank.
2. Subdivision is a required field in order to make up a Subdivision key.

Item 19: Permit No: Permit number assigned to this record.

Item 20: Parcel No: Parcel number assigned to the record.

Item 21: GAR DISP: Do plans call for a garbage disposal.

Item 22: WHRLPL/SPA: Do plans call for whirlpool or spa.

Item 23: DISHWASHR: Do plans call for a dishwasher.

Item 24: RADON INFO: Was radon information provided.

Item 25: Dwell Type: Type of dwelling that resides on the property.

| | |
|---|---|
| C – Commercial | F – Food Service |
| H – Mobile Home | M – Multi – Family Home |
| O – Other | S – Single Family Home |

Item 26: Design Units: Number of bedrooms in dwelling.

Item 27: Type Inst: Type of installation.

| | |
|---|---|
| A – Alteration | N – New |
| R – Repair | |

Item 28: Wir Sup: Type of water supply.

| | |
|---|---|
| 1 – Public | 2 – Private |
| 3 – Other | |

Item 29: Disp Syst: Type of disposal system.

| | |
|---|---|
| A – Absorption Bed | B – Basic Alternative |
| C – Complex Alternative | D – Drainfield |
| E – Equal Flow | F – Capping Fill |
| G – Graveless | H – Holding Tank |
| I – Intermittent Sand Filter | J – Leaching Chamber |
| K – Low Pressure | L – Lagoon |
| M – Sand Mound | N – Incinerating Toilets |
| O – Hillside | P – Serial |
| Q - | R – Aerobic |
| S – Gray Water Sump | T – Composting Toilet |
| U - | V – Vault Privy |
| W – Wetlands | X – Experimental System |
| Y - | Z – |

Item 30: Type of soil on property.

Item 31: HSGWD: Highest seasonal ground water depth.

NOTES:

1. Ground water depth must be numeric.
2. Ground water depth has three (3) digits to the left of the decimal and one (1) to the right (ex. 123.5).

Item 32: Time Year: Time of year highest ground water depth was recorded.

| | |
|---|---|
| FA – Fall | SP – Spring |
| SU – Summer | WI – Winter |

Item 33: Restricted Horizon: Depth at which restricted horizon was first found.

NOTES:

1. Information must be numeric.
2. Restricted horizon has 3 digits to the left of the decimal and 1 to the right (ex. 123.5).

Item 34: Restricted Type: Type of Restriction Found.

| | |
|---|---|
| C – Plowpan or compact | F – Fragipan |
| I – Limestone | L – Lava |
| M – Massive | O – Other |
| P – Platy | S – Shale |

Item 35: L/S: Landscape Position.

| | |
|---|---|
| DP – Depression | FS – Food Slope |
| PL – Plain | RT – Ridge Top |
| SH – Shoulder Slope | SI – Side Slope |
| TO – Toe Slope | |

Item 36: R/A: Repair Area.

| | |
|---|---|
| Y – Yes | N – No |

Item 37: Applicant Flag.

| | |
|---|---|
| C – Contractor | D – Developer |
| I – Licensed sewer installer | L – Landowner |
| O – Other | R – Realtor |

Item 38: Onsite inspection conducted.

| | |
|---|---|
| Y – Yes | N – No |

NOTE: If flagged as "Y" an activity will be generated with an action code of "L".

Item 39: EHS No.: EHS number of person who took application.

NOTES:

1. This field is required.
2. EHS number must be numeric.
3. EHS number must be on file.

Item 40: Activity: Flag to determine if you wish to enter soft code activity for this application.

Y – Will bring back the soft code activity entry screen
N – No soft code activity entries (or you can leave this field blank)

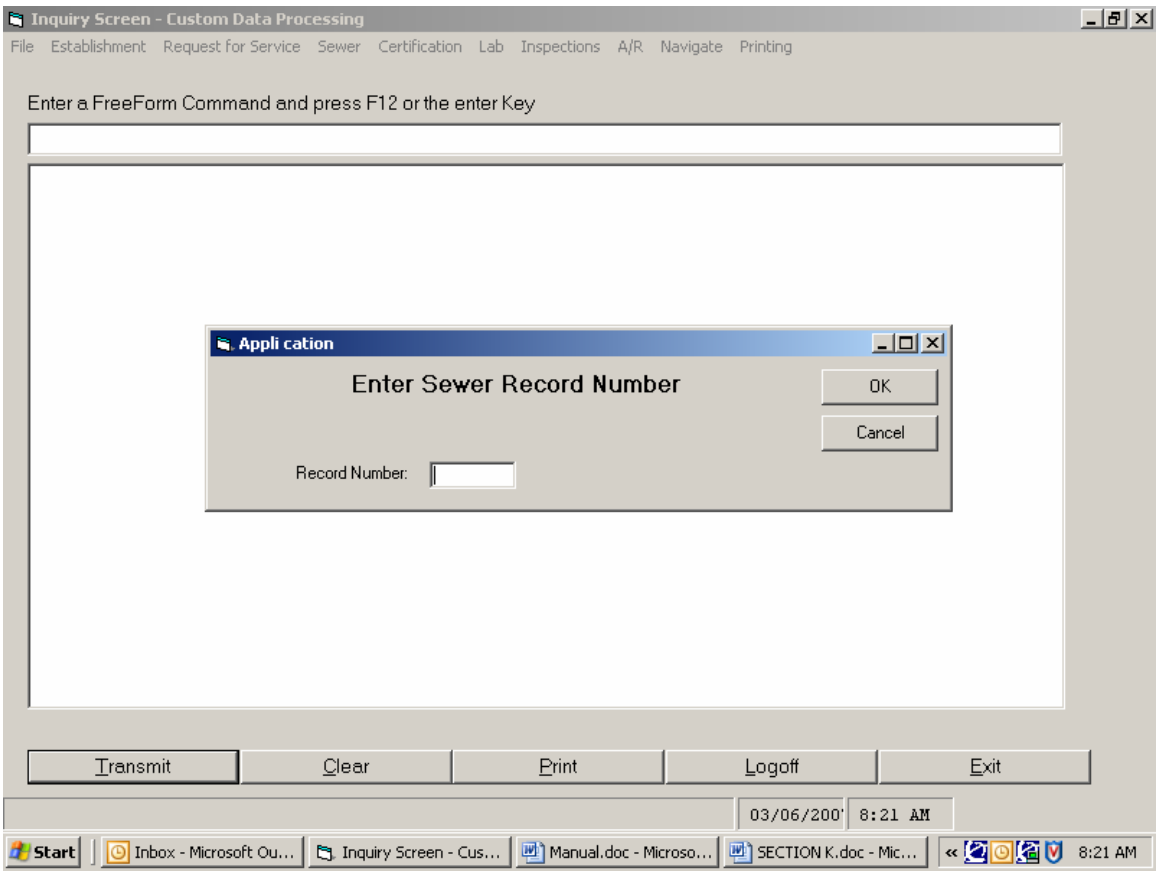
## VIEW/UPDATE SEWER INFO

- **APPLICATION**

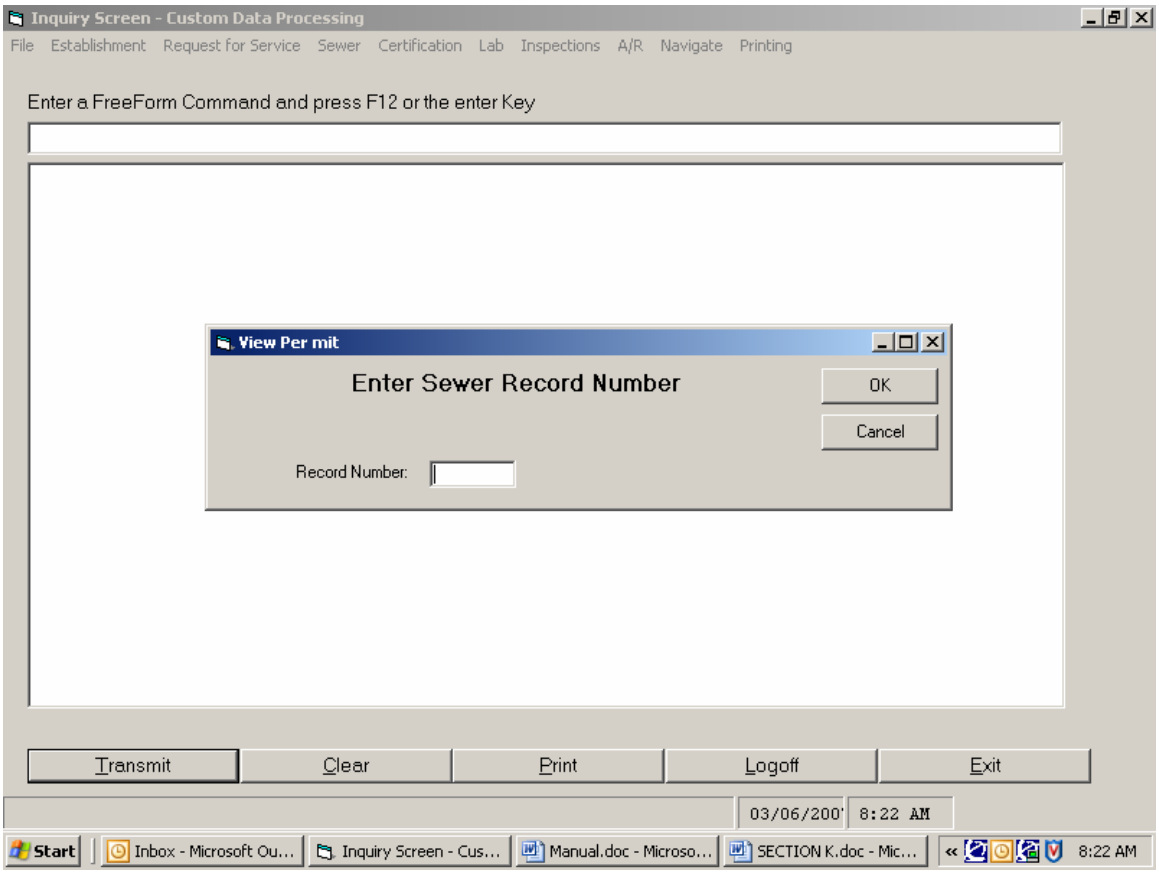
***VIEW PERMIT***

PRINT PERMIT

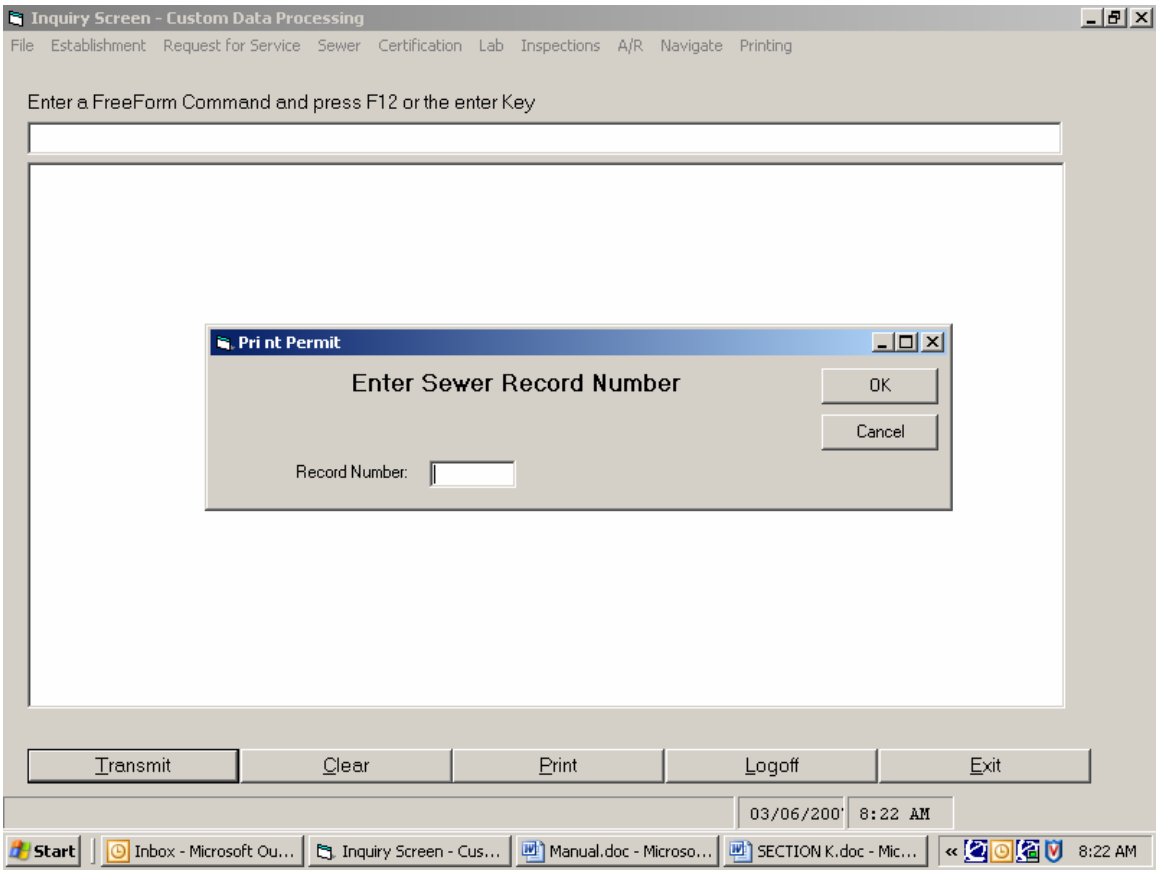
***Application:***



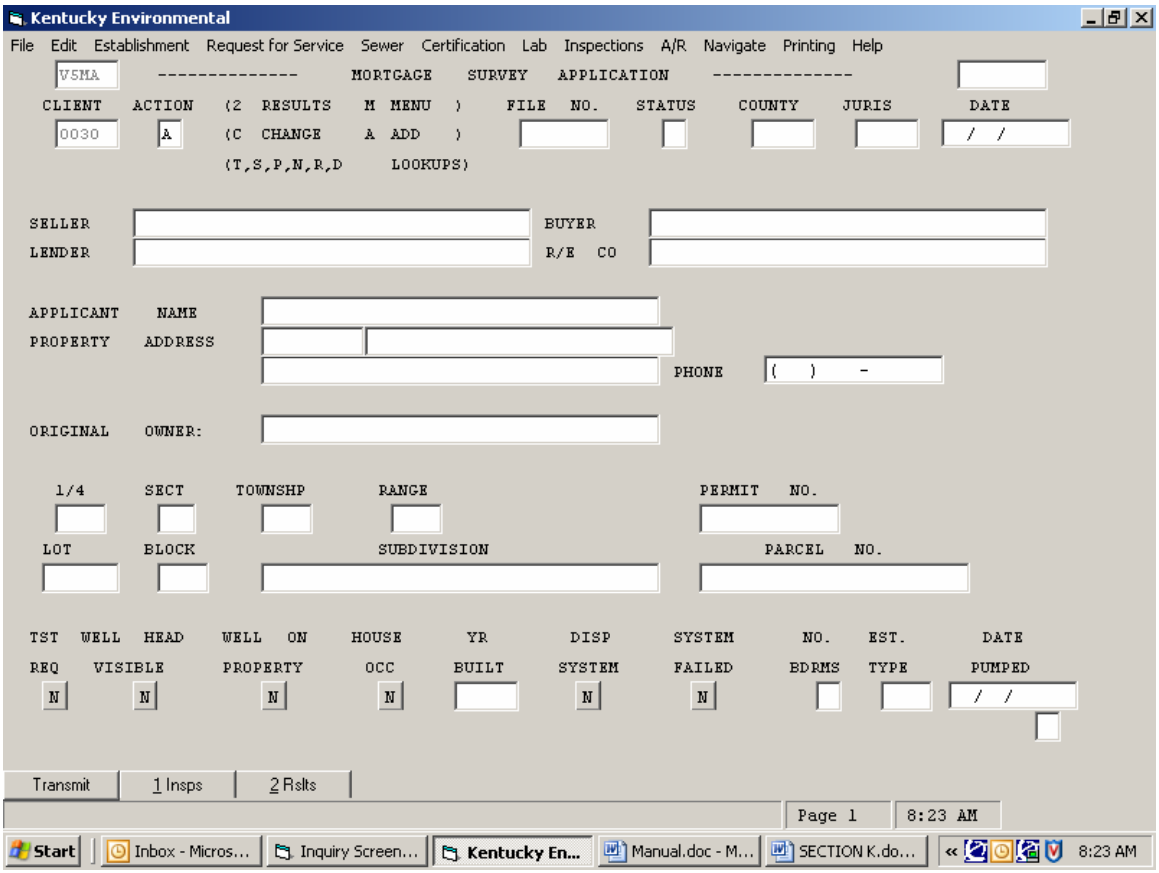
# View Permit:


Inquiry Screen - Custom Data Processing
File Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing
Enter a FreeForm Command and press F12 or the enter Key
View Per mit
Enter Sewer Record Number
OK
Cancel
Record Number:
Transmit
Clear
Print
Logoff
Exit
03/06/200'
8:22 AM
Start
Inbox - Microsoft Ou...
Inquiry Screen - Cus...
Manual.doc - Microso...
SECTION K.doc - Mic...
8:22 AM

# Print Permit



# MORTGAGE SURVEY SCREEN



Item 1: Client: the Client number is always 30, which represents the state of Kentucky.

Item 2: Action: The Action code is utilized for the following options:

M – Return to Main Menu.
C – Change the existing entry.
A – Add a new entry.
I – Inquire into specific file number given.
2 – Inquire into survey results screen for existing entry.
T – Request the directory screen by existing Township key.
S – Request the directory screen by existing Subdivision key.
P – Request the directory screen by existing Parcel key.
N – Request the directory screen by existing Name key.

NOTE: Action is a required field.

Item 3: File Number: The file number is the number of the survey you are working with.

NOTES:

1. File number is required for action "I' "C" or "2"
2. File number must be blank for action "A". The computer will automatically generate a number.
3. File number must be numeric.
4. File number must be a mortgage survey number.

Item 4: Status: This code indicated the status of this record (Defaults "A").

A – Flags the record as active.
D – Flags the record as deleted.

Item 5: County: Indicates what county this property is located in.

NOTES:

1. County is required field.
2. County must be numeric.
3. County must be on file and assigned to your site.

Item 6: Juris: This field is the jurisdiction under which this property resides.

NOTE: Juris must be numeric.

Item 7: Appl Date: The date the application was applied for.

NOTES:

1. Date is a required field.
2. Date must be in MMDDYY format.

Item 8: Seller: Name of person selling the property.

Item 9: Buyer: Name of person buying the property.

Item 10: Lender: Name of the lending institution.

Item 11: R/E Co.: Name of the real estate company.

Item 12: Applicant Name: Name of applicant.

Item 13: Prop Address: First and second address lines at which property is located.

Item 14: Phone: Phone number of applicant.

Item 15: Original Ownr: Name of original owner of property.

Item 16: Township Key: The Quarter, Section, Township and Range in which the property resides.

¼ - Quarter section of where property resides.
Sect – Section where property resides.
Townshp – Township where property resides.
Range – Range where property resides.

NOTES:

1. Township Key must exist if the Subdivision Key is blank.
2. Section, Township and Range are required fields in order to makeup a Township Key.

Item 17: Permit No: Permit number assigned to this record.

Item 18: Subdivisn Key: The Lot, Block and Subdivision in which the property resides.

Lot – Lot number of the property.
Blk – Block number on which this property resides.
Subdivisn – Name of subdivision in which this property resides.

NOTES:

1. Subdivision Key must exist if the Township Key is blank.
2. Subdivision is the required field in order to makeup a Subdivision Key.

Item 19: Parcel No: Parcel number assigned to this record.

Item 20: Tst Reg: Is a Test Required?

Y – Yes N – No

Item 21: Well Head Vis: Is the well head visible?

Y – Yes N – No

Item 22: Well on Prop: Is the well located on the property?

Y – Yes N – No

Item 23: House Occ: Is the house currently occupied?

Y – Yes N – No

Item 24: Yr Built: The year the house was built in.

NOTES:

1. Year built must be numeric.
2. Year built must be a valid year.

Item 25: Disp System: Is there a disposal system?

Y – Yes N – No

Item 26: System Faild: Did the system fail?

Y – Yes N – No

Item 27: No. Bdrms: Number of bedrooms in dwelling.

NOTE: This number must be numeric.

Item 28: Date Pumped: Date the sewage system was last pumped.

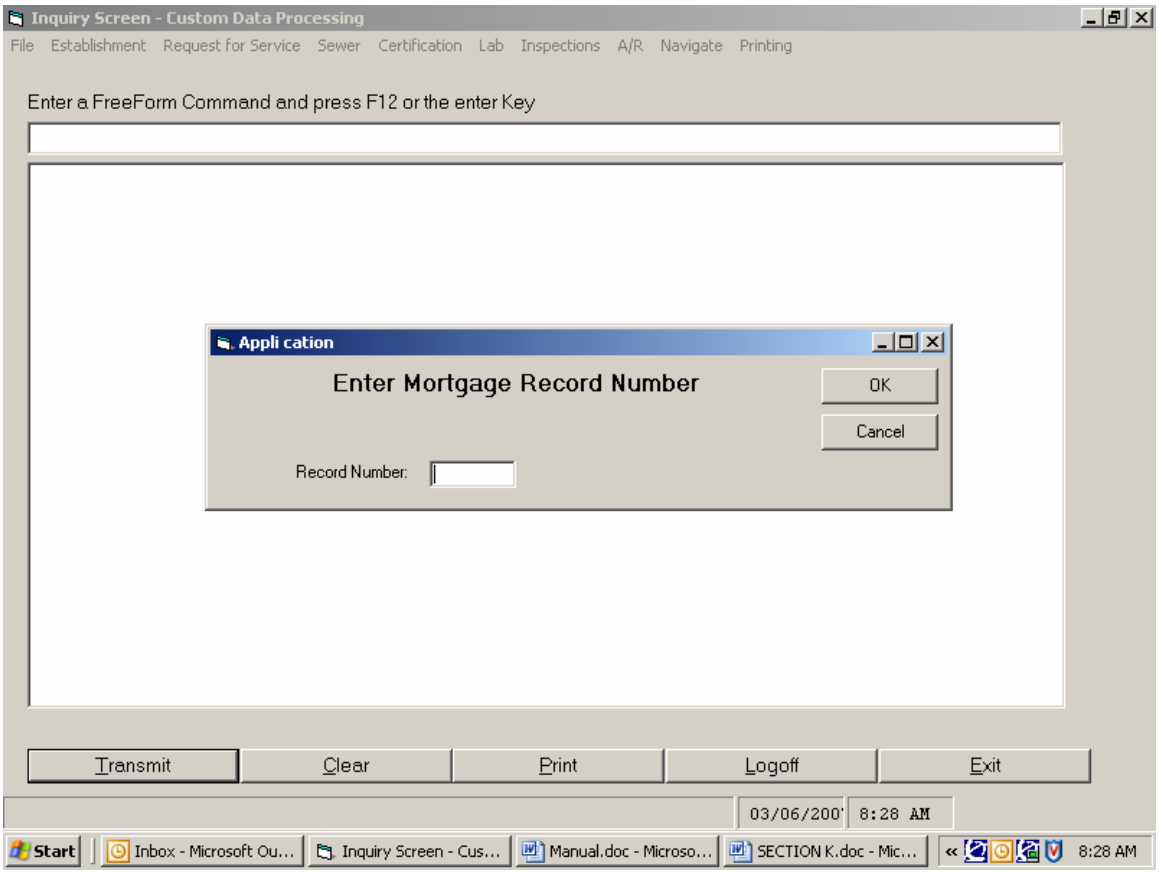
NOTE: Date pumped must be in MMDDYY format.

VIEW/UPDATE MORTGAGE SURVEY

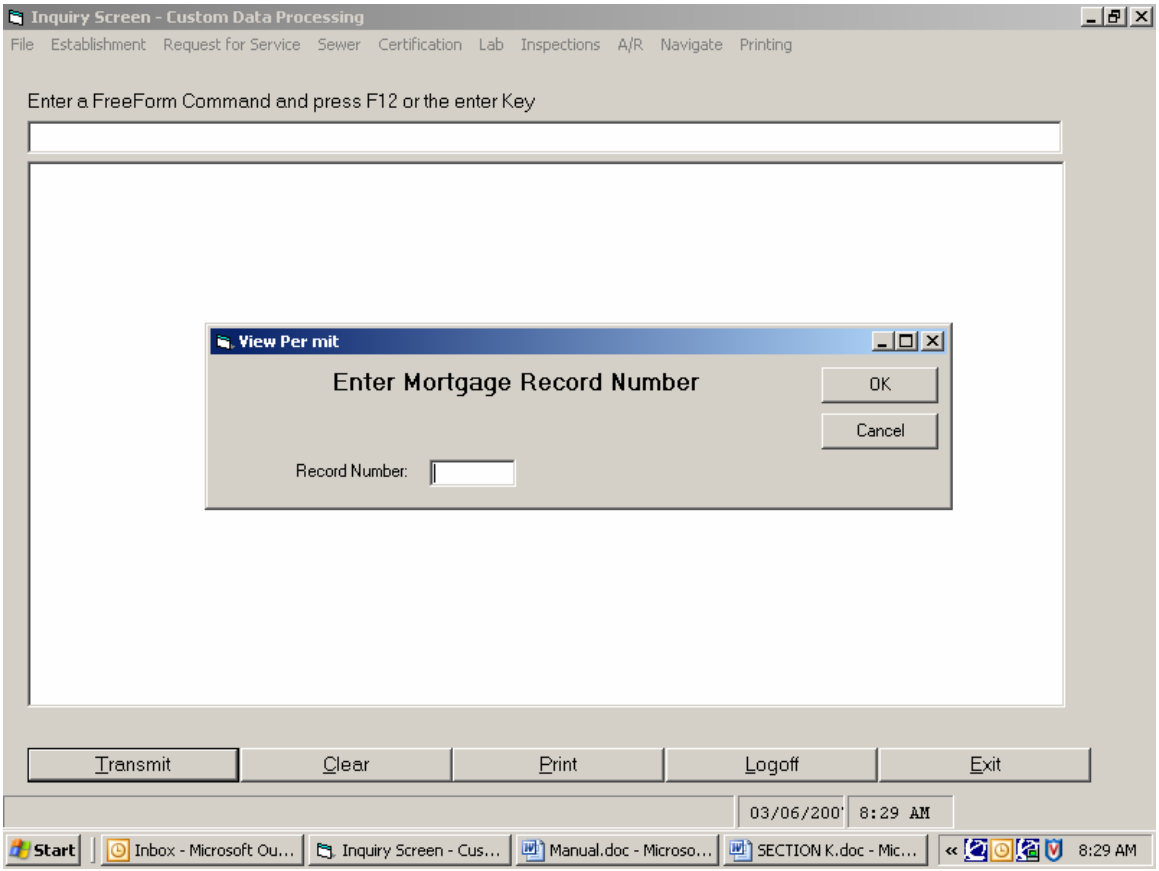
- APPLICATION

SURVEY RESULTS

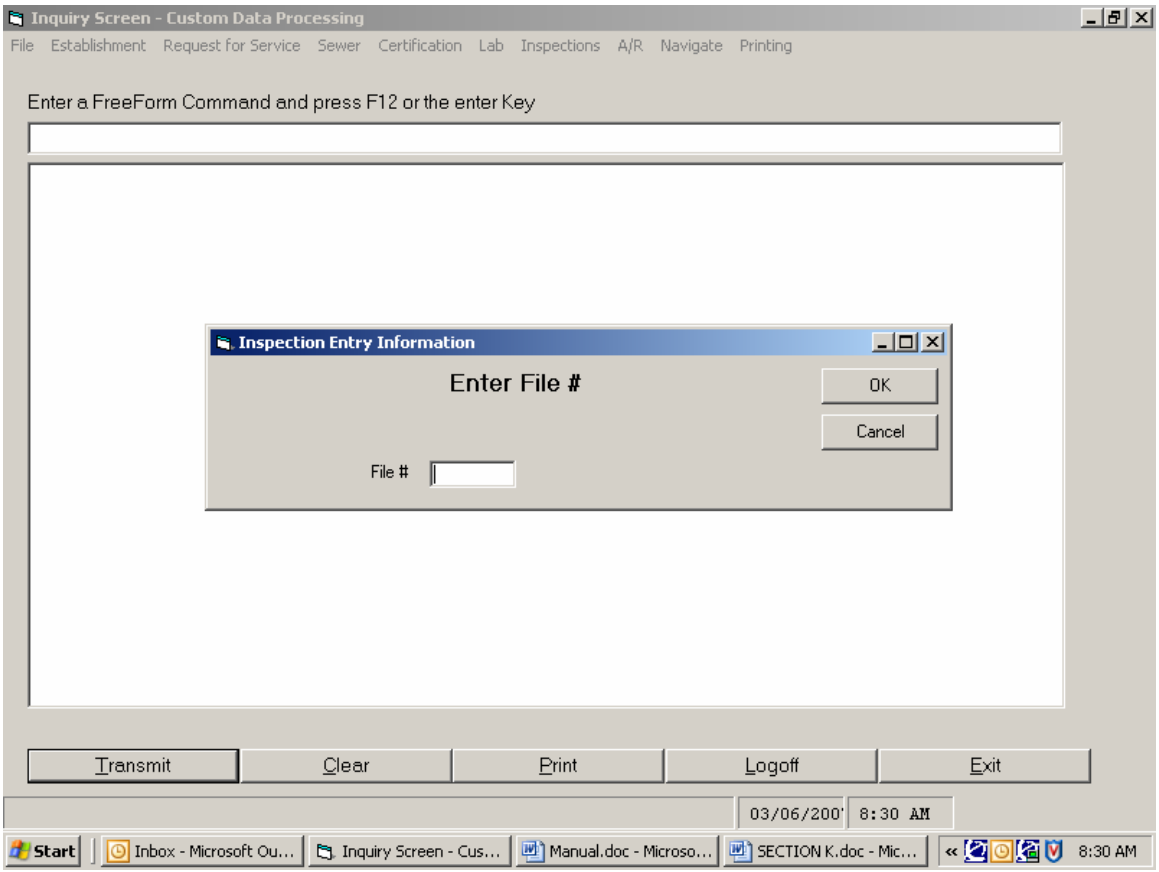
Application:



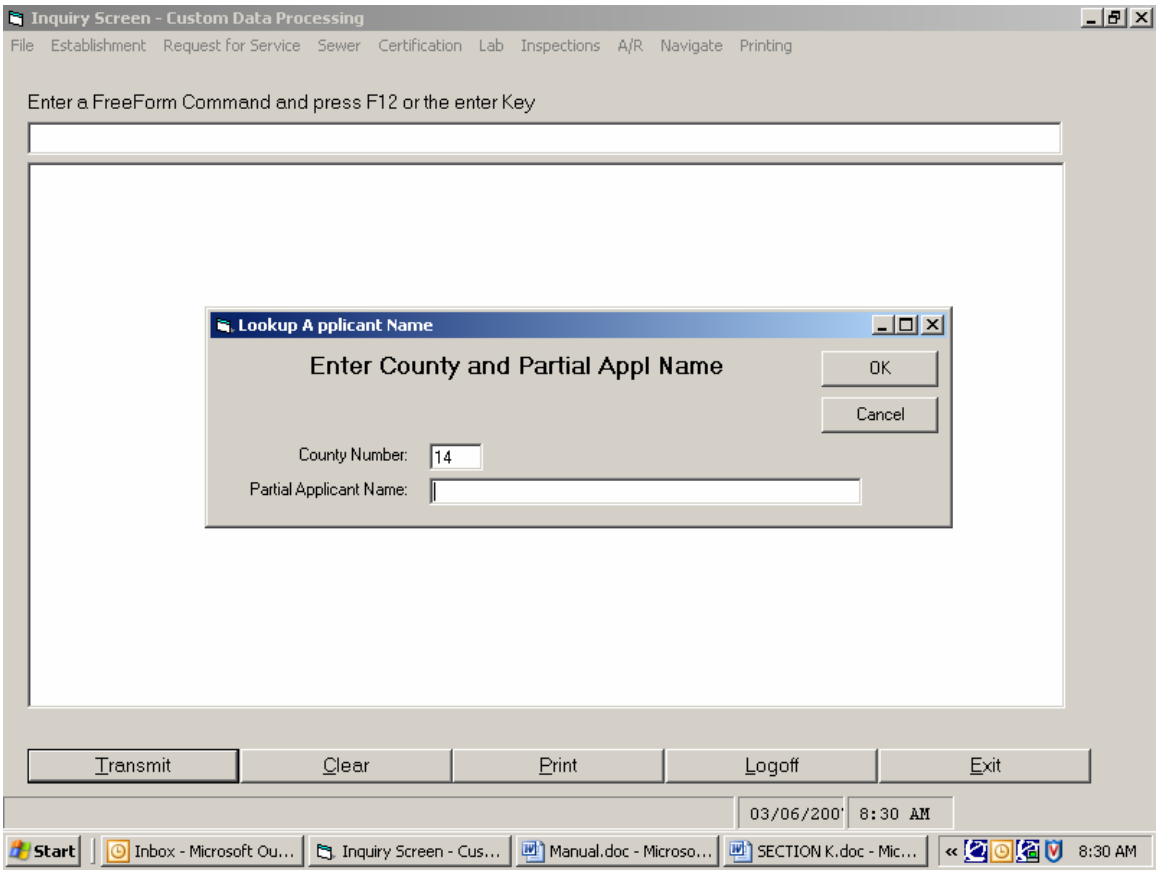
Survey Results:



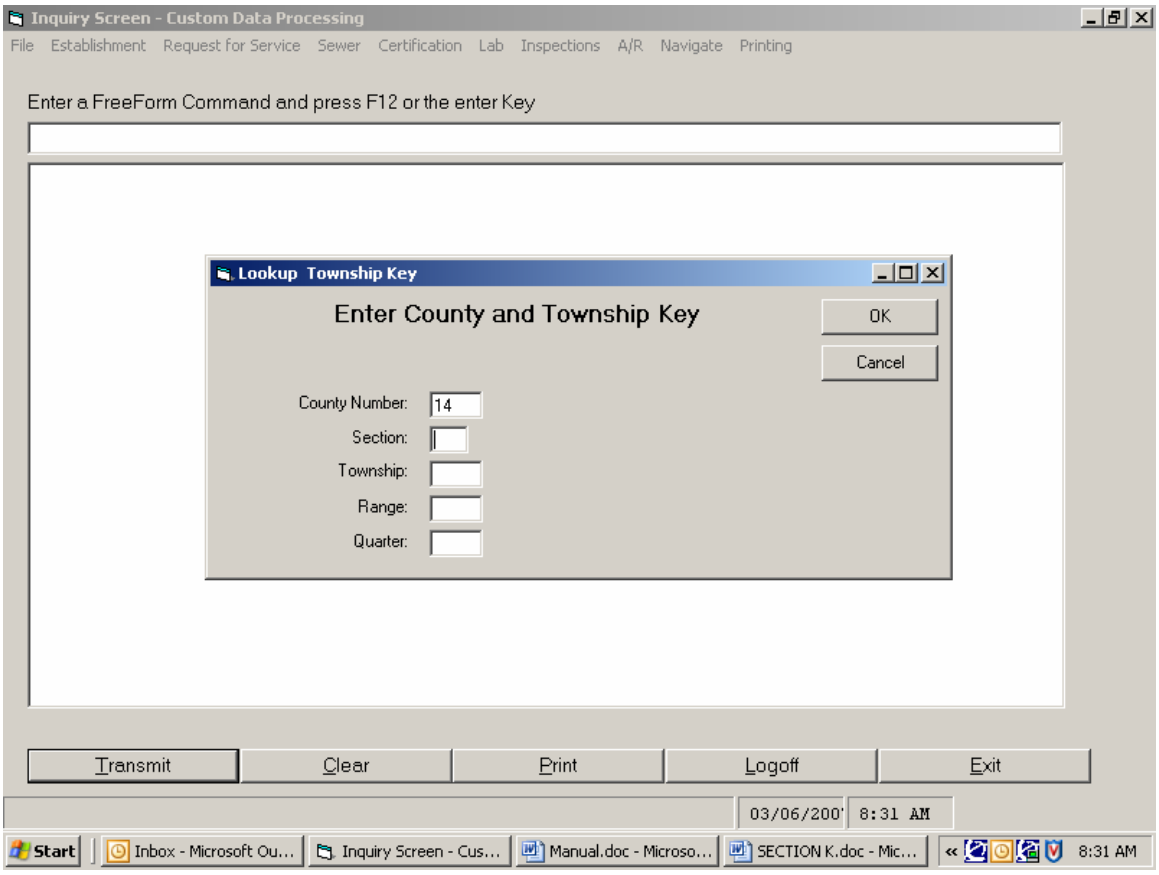
# INSPECTION ENTRY SCREEN



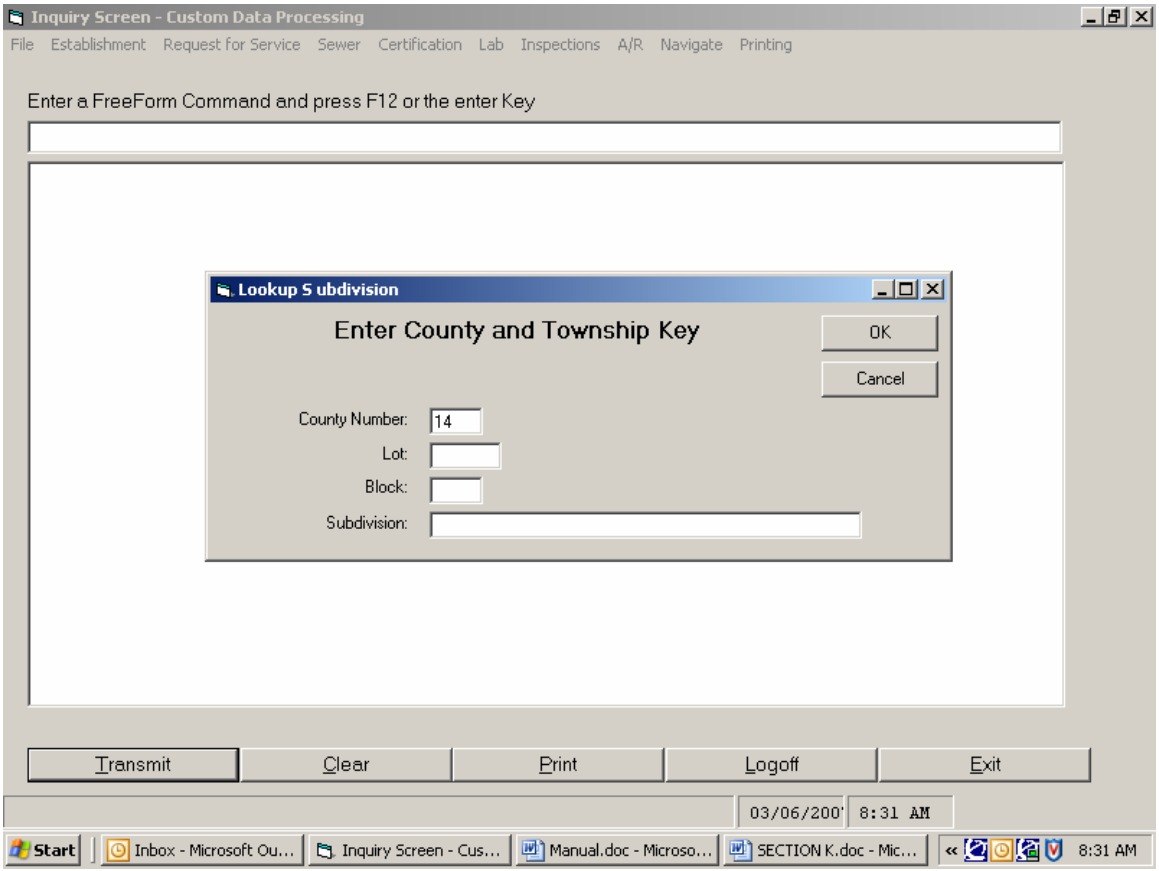
# LOOKUP APPLICANT NAME SCREEN



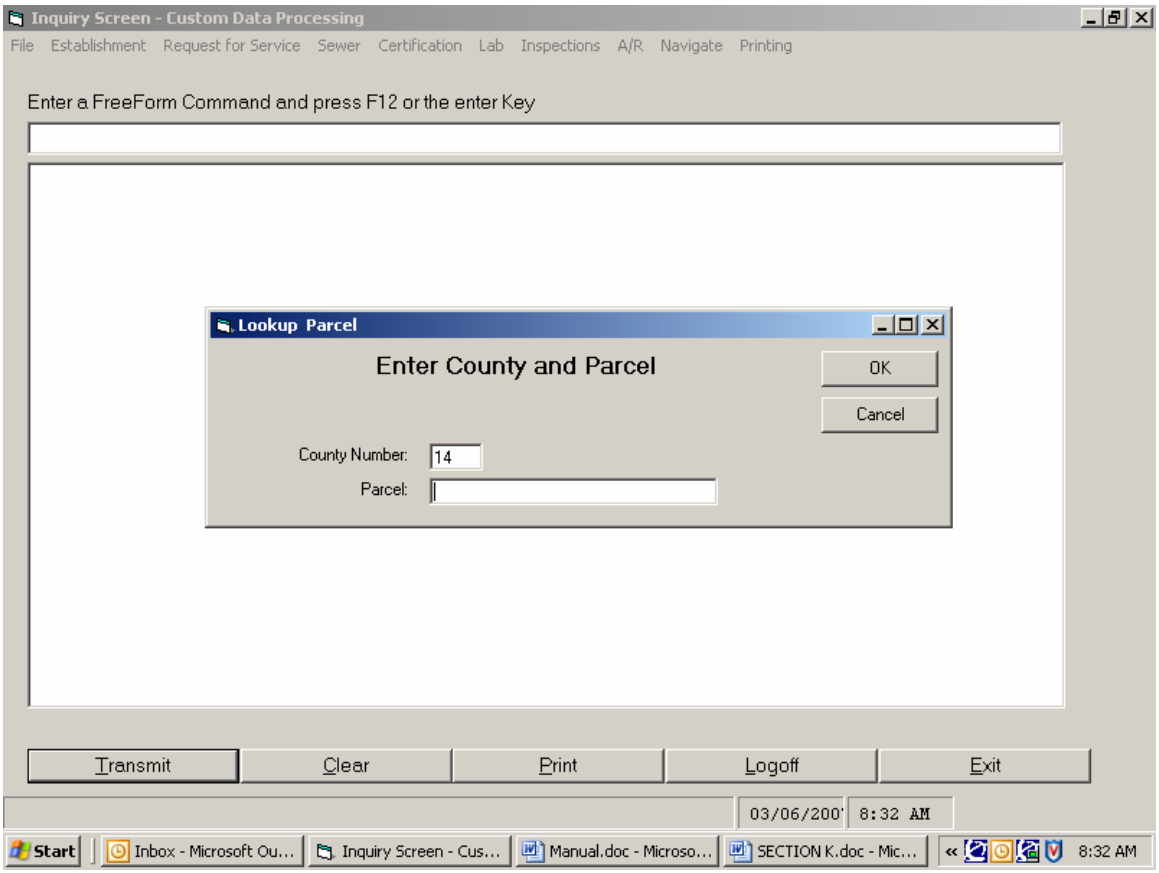
# LOOKUP TOWNSHIP KEY SCREEN



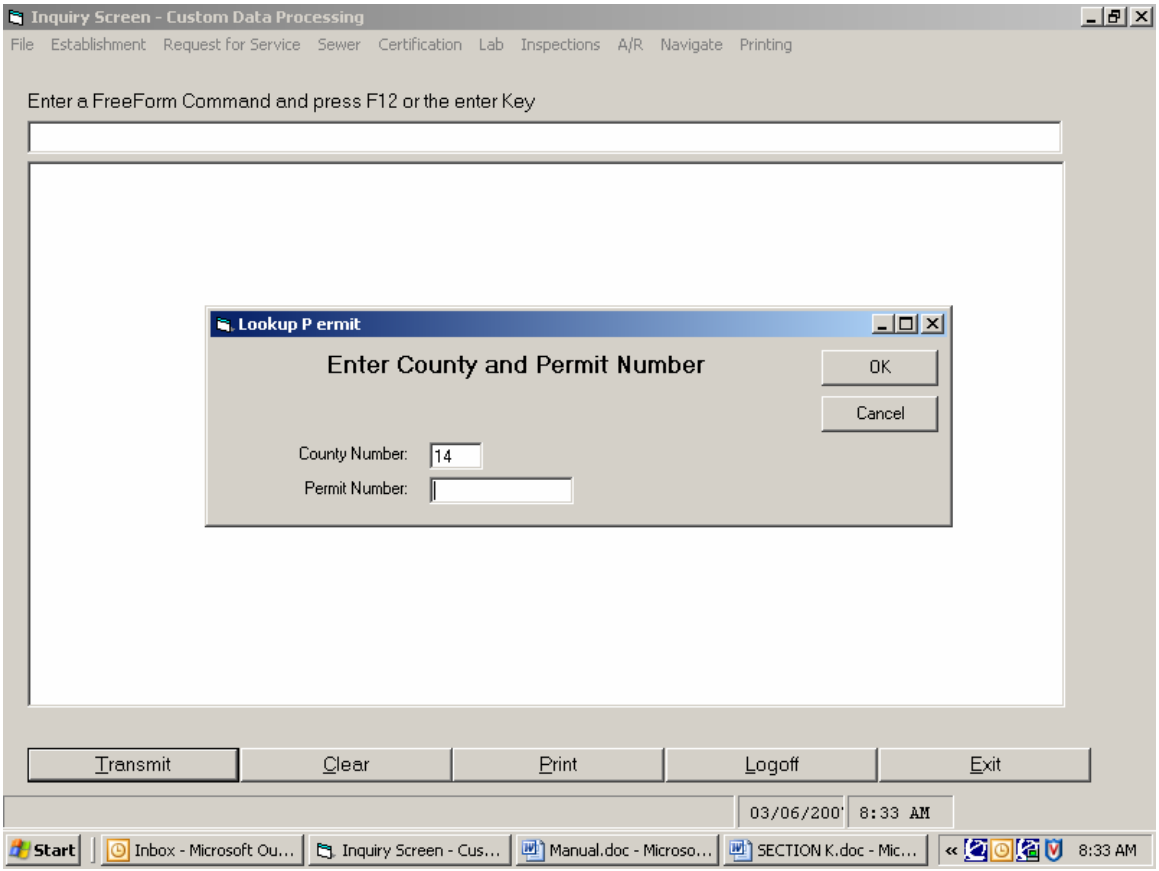
# LOOKUP SUBIVISION SCREEN



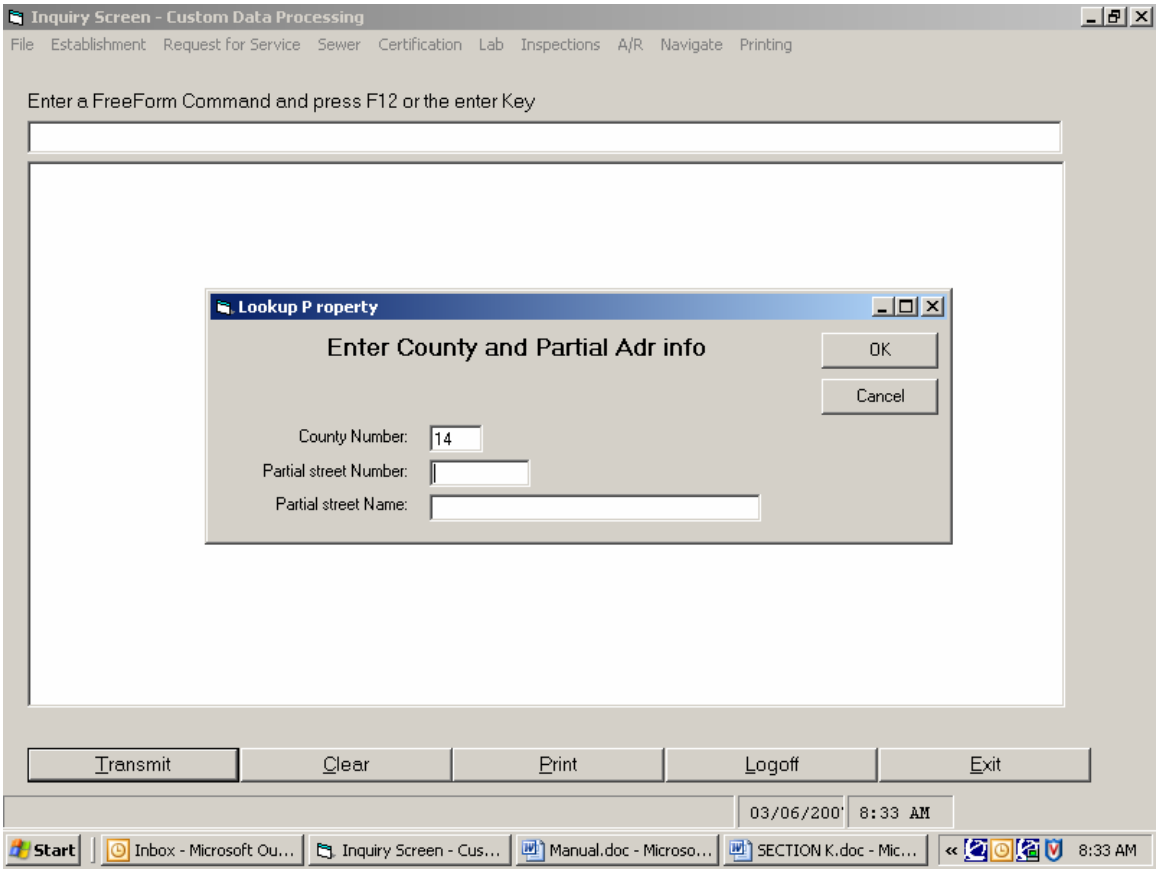
# LOOKUP PARCEL SCREEN



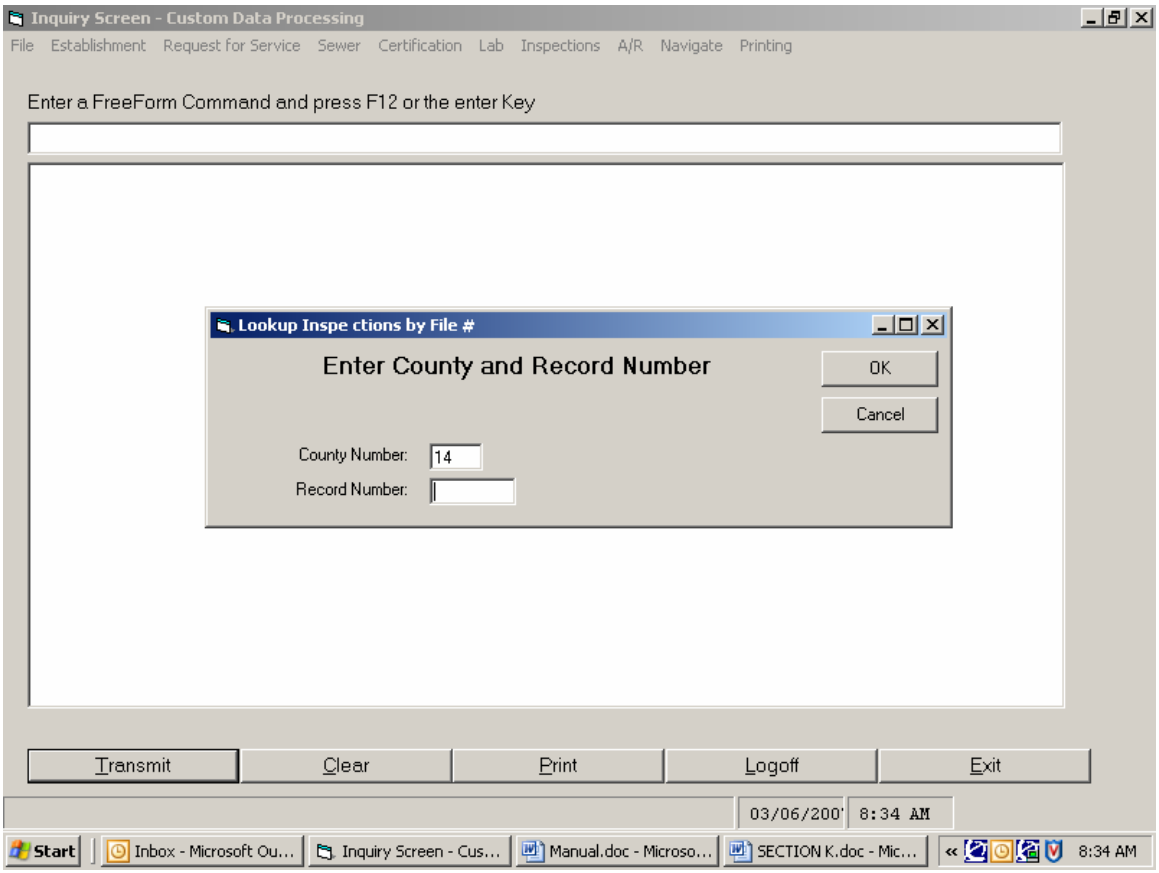
# LOOKUP PERMIT SCREEN



# LOOKUP PROPERTY SCREEN



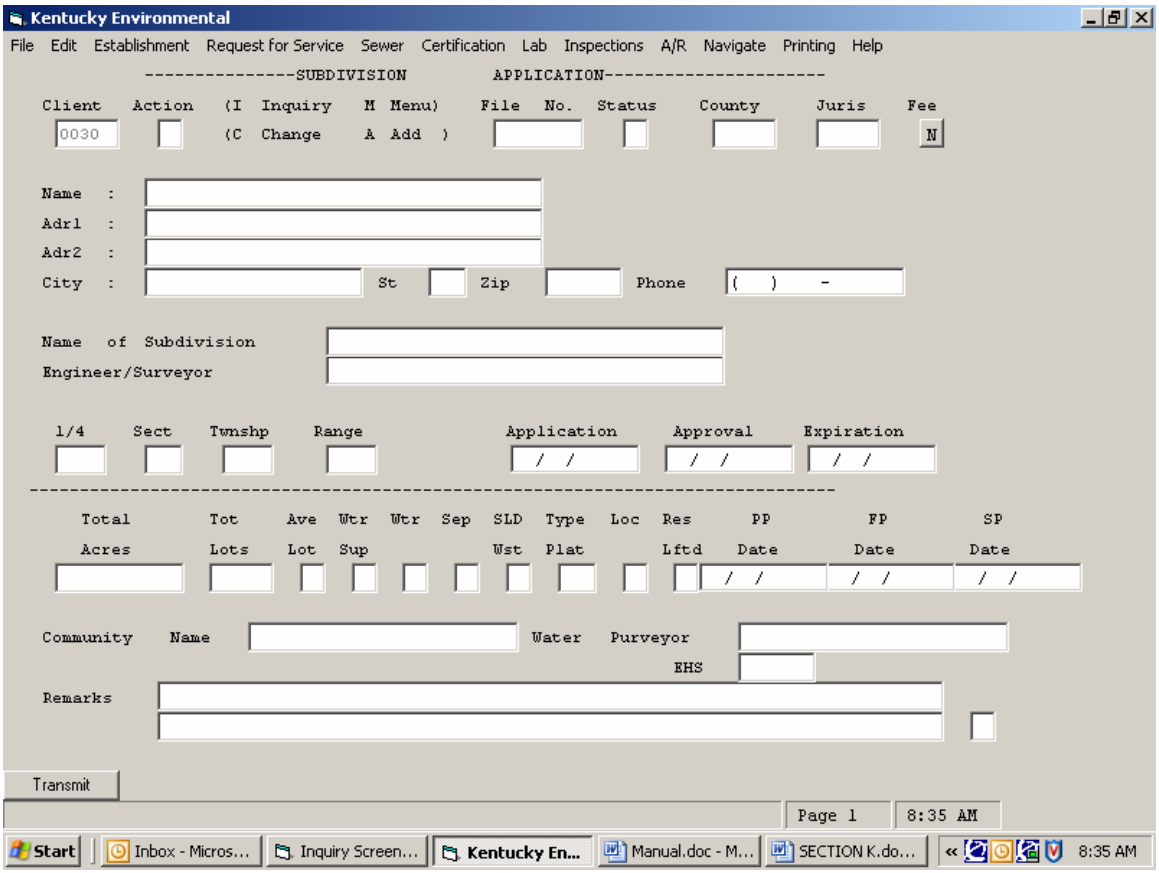
# LOOKUP INSPECTIONS BY FILE # SCREEN



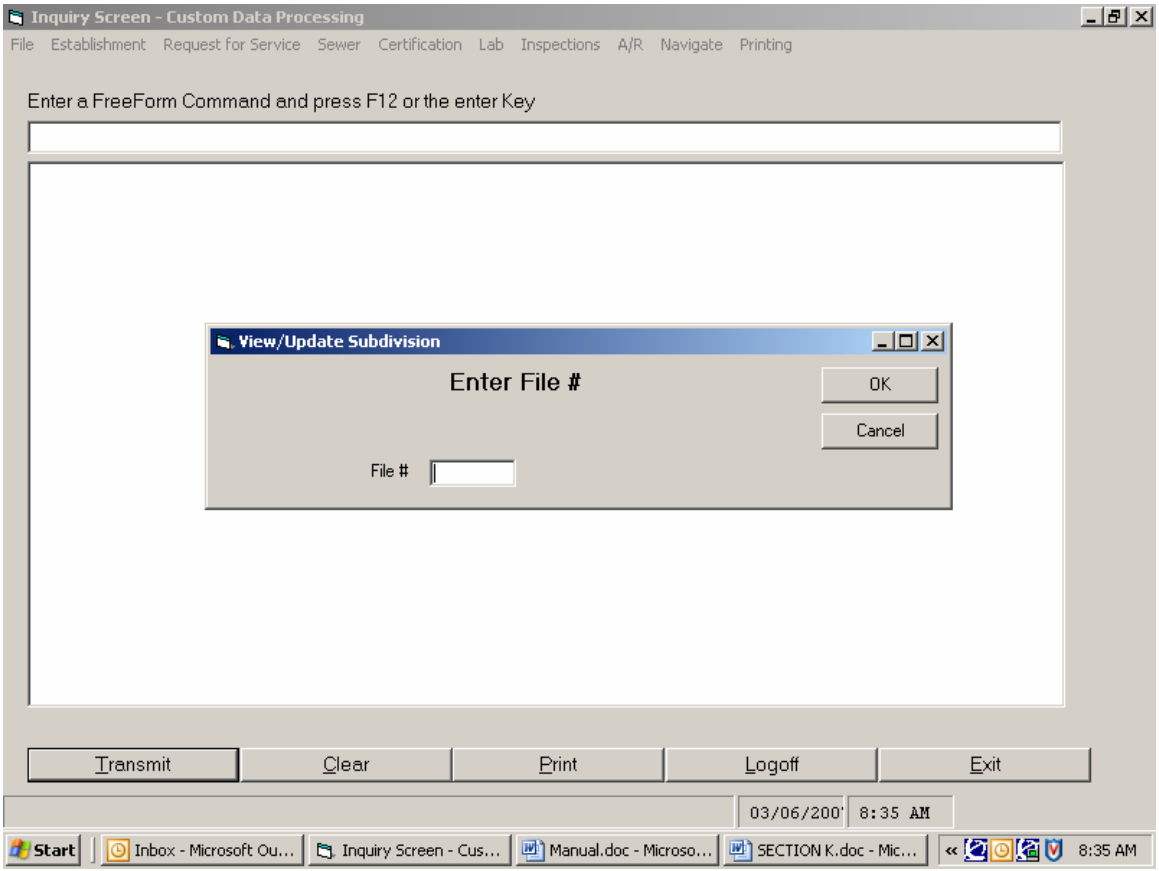
SUBDIVISION MENU

- ADD SUBDIVISION
  VIEW UPDATE SUBDIVISION
  INQUIRY

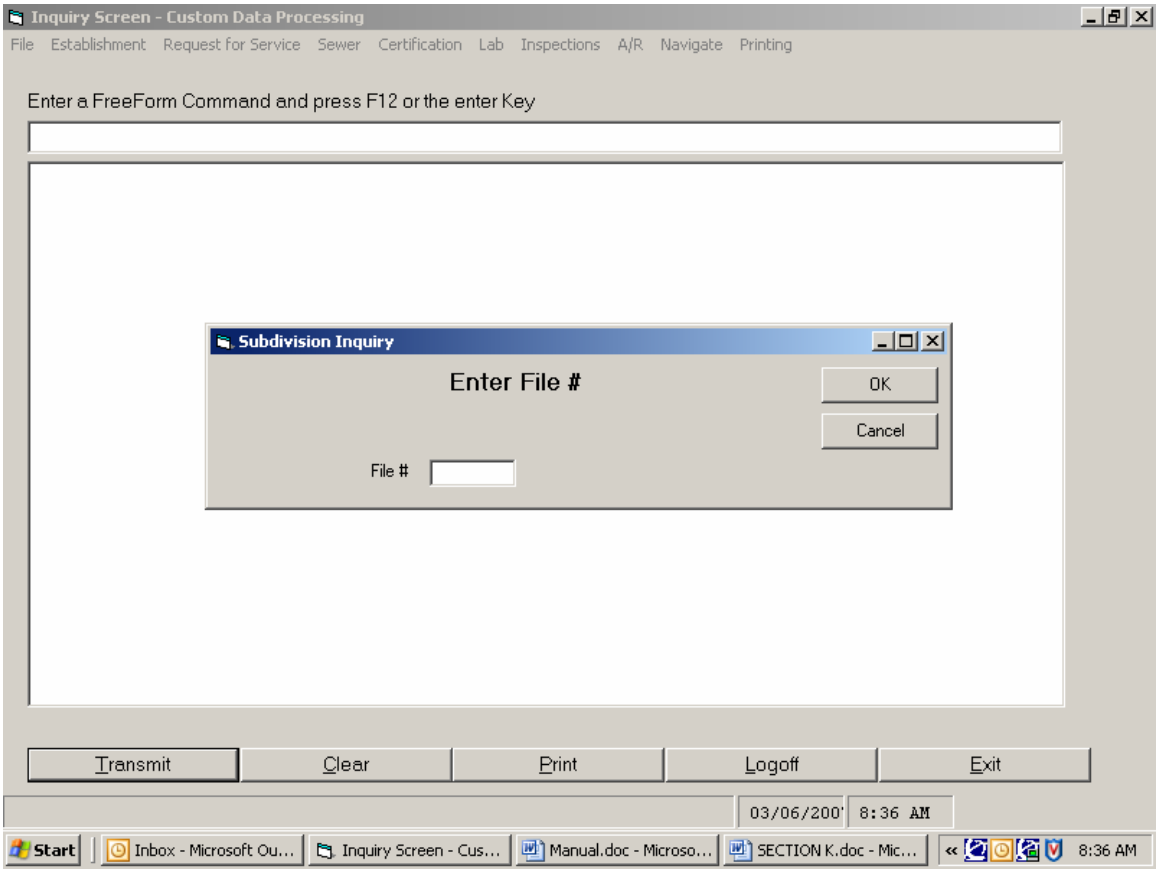
Add Subdivision:



View Update Subdivision:



Inquiry:

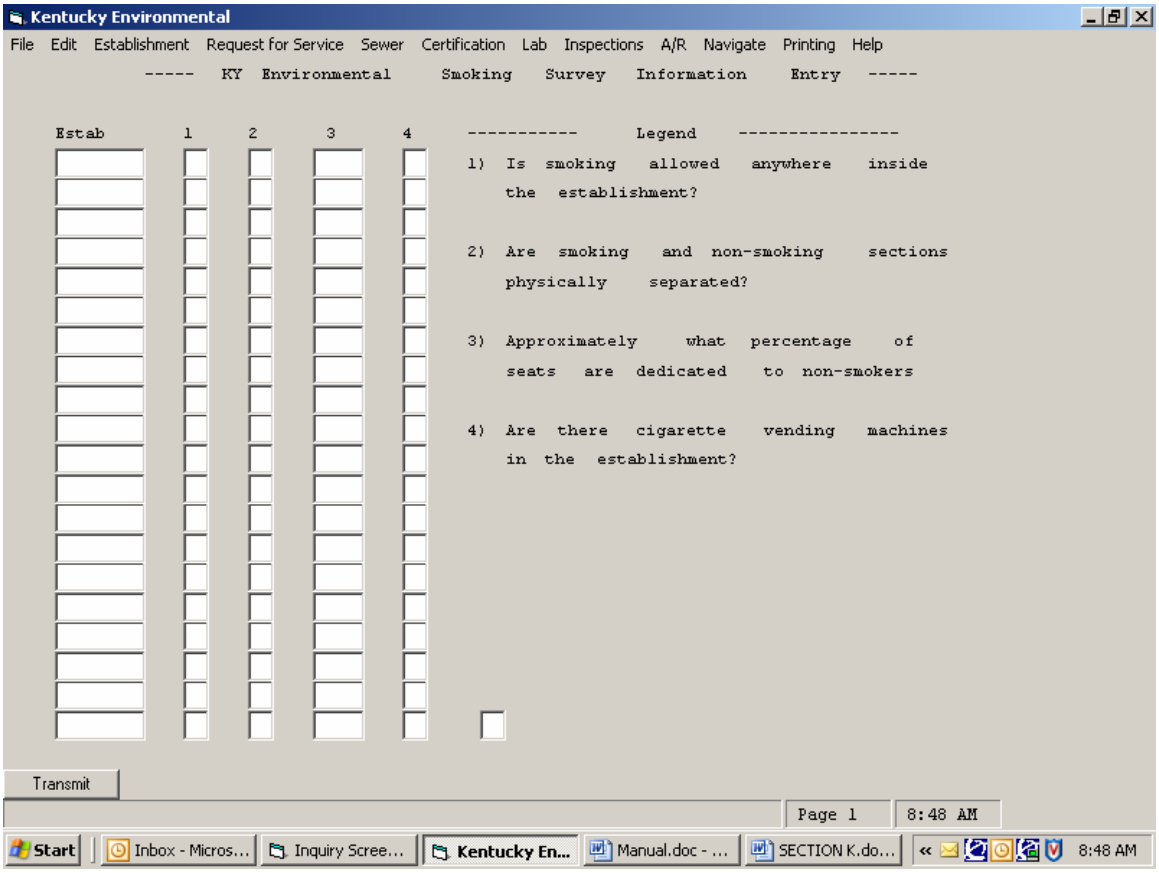

Inquiry Screen - Custom Data Processing
File Establishment Request for Service Sewer Certification Lab Inspections A/R Navigate Printing
Enter a FreeForm Command and press F12 or the enter Key
Subdivision Inquiry
Enter File #
OK
Cancel
File #
Transmit
Clear
Print
Logoff
Exit
03/06/200
8:36 AM
Start
Inbox - Microsoft Ou...
Inquiry Screen - Cus...
Manual.doc - Microso...
SECTION K.doc - Mic...
8:36 AM

SECTION L

SMOKING SURVEY

**YOU WILL HAVE TO ACCESS THIS THROUGH MAIN SCREEN. YOU WILL PUT THE COMMAND ON "FREE FORM INQUIRY LINE"**

# SCREEN E1SS




<u>Smoking Survey:</u> The smoking survey appears in the gray shaded area at the bottom of the form. For simplicity, the information requested will be handled as questions: Only one designation may be made for questions 1 – 3:

Question 1:

No Smoking Restrictions

Is smoking allowed anywhere in the establishment? YES OR NO

Code as “Y” if smoking is allowed for all seating or the establishment; or ,

Code as “N” if no smoking in the establishment or,

Code as “X” if Non Applicable, such as a day care center, schools, ect.

Question 2:

Are smoking and non-smoking sections physically separated? YES OR NO

Code “Y” if the establishment has physically separate smoking/non smoking areas.

Question 3:

Seating Restricted Percentage?

Approximately what percentage of seats are dedicated to non-smoker? _____ %

The environmentalist enters the numeric percentage of seats dedicated for non-smoking. For establishments designated as Smoke Free or Non Applicable, this question will be left blank.

Question 4:

Cigarette Vending?

Are there cigarette vending machines in the establishment? YES OR NO

Code "Y" if a cigarette vending machine is located in the establishment. This field defaults to no if left blank, therefore, the "NA" (not Applicable) area is always left blank.

# DATE ENTRY OF SUVERY INFORMATION:

The smoking survey information must be entered only for each "Routine" or "Regular" type inspection, Program codes 605 and 607. Do not enter survey information for follow-up, complaint, or survey inspections.

Step 1: Enter E1SS (Letter E; Number 1; Letter SS) and transmit. The smoking Survey Screen will appear. You will note that approximately 20 surveys may be entered per screen. For entry ease, please note the Screen Field Legend on the right of the screen, which directly corresponds with question areas on the DFS-208.

Step 2: Complete line 1 of the Smoking Survey Screen.

Enter the establishment Number.

Enter the codes from the DFS-208 as indicated by the Environmentalist.

Step 3: Repeat above steps for a maximum of 20 surveys. Place cursor in bracketed box below legend Item #6 and transmit.

When the survey information is accepted, the program will automatically update the Establishment File.

# SECTION M

# PRINTING

(These are the screens used for printing)

Skip navigation links

Kentucky
Environmental Health
Special Reports

# Kentucky Environmental Health

# Special Reports User's Guide

# (Printing Permits)

**Nov 16, 2006**

CABINET FOR HEALTH AND FAMILY SERVICES
COMMONWEALTH OF KENTUCKY

Permit# 000033
FAYETTE
288 MH SPC

MOBILE HOME & REC. VEHICLE PAR

***PERMIT/LICENSE/REGISTRATION/CERTIFICATE OPERATE***
AUTHORIZATION IS HEREBY GRANTED TO OPERATE A
IN COMPLIANCE WITH KY MOBILE HOME/REC. VEHICLE PA
THIS PERMIT IS NON-TRANSFERABLE AND SHALL EXPIRE ON 06/30/07
Location of Establishment if Different From Mailing Address

KENTUCKY HORSEPARK CAMPGROUND
% KY. STATE DEPT. OF PARKS
ATTN: ACCOUNTS PAYABLE
4063 IRONWORKS PIKE
LEXINGTON KY 40511

MARK D. BIRDWHISTELL / Secretary for Health And Family Services

Permit# 000033 1

DO NOT DETACH

THIS PERMIT MUST BE POSTED
IN A CONSPICUOUS PLACE

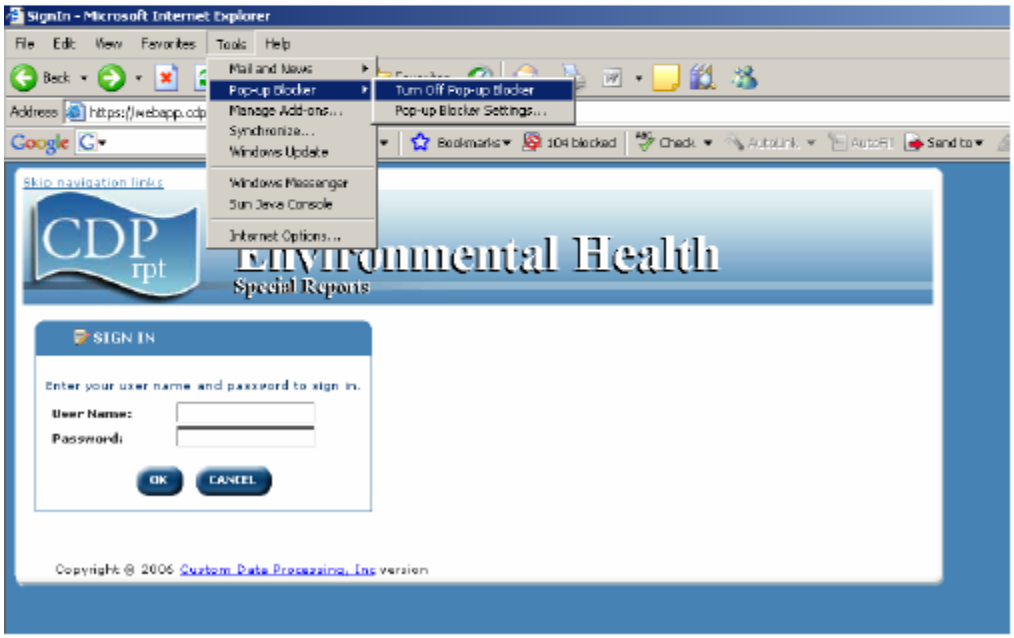
Given under our hands on this date 10/10/2006

FAYETTE COUNTY

**Purpose** – This is a new Web application developed by CDP for all the KY districts ar counties that print special reports (applications, delinquent notices, certificates). This application will replace the printing functionality that was provided in the EHMIS "gu program.

***Note: Users will need to turn off the pop-up blockers for this website to work. If yo need help with this, follow the instructions below or please call the CDP Helpdesk a (502) 695-1999.***

To turn off the Pop-up blocker start Internet Explorer and enter the following Web address in the Address bar: **https://webapp.cdp-ky.com/kyenvrpt**. Click on **Tools**>**Pop-up Blocker**>**Turn Off Pop-up Blocker**.



## Signing On

To sign-on to the application, you will need to start Internet Explorer and enter the following Web address in the Address bar: **https://webapp.cdp-ky.com/kyenvrpt**. ***(Note: You may want to save it in your Favorites so that you will not have to retype it every time).***

You should see the new Kentucky Environmental Health Special Reports screen. You will need to enter your User Name and Password ***(NOTE: It should be your KY number for both. Use all capital letters)***. Then click the **OK** button.

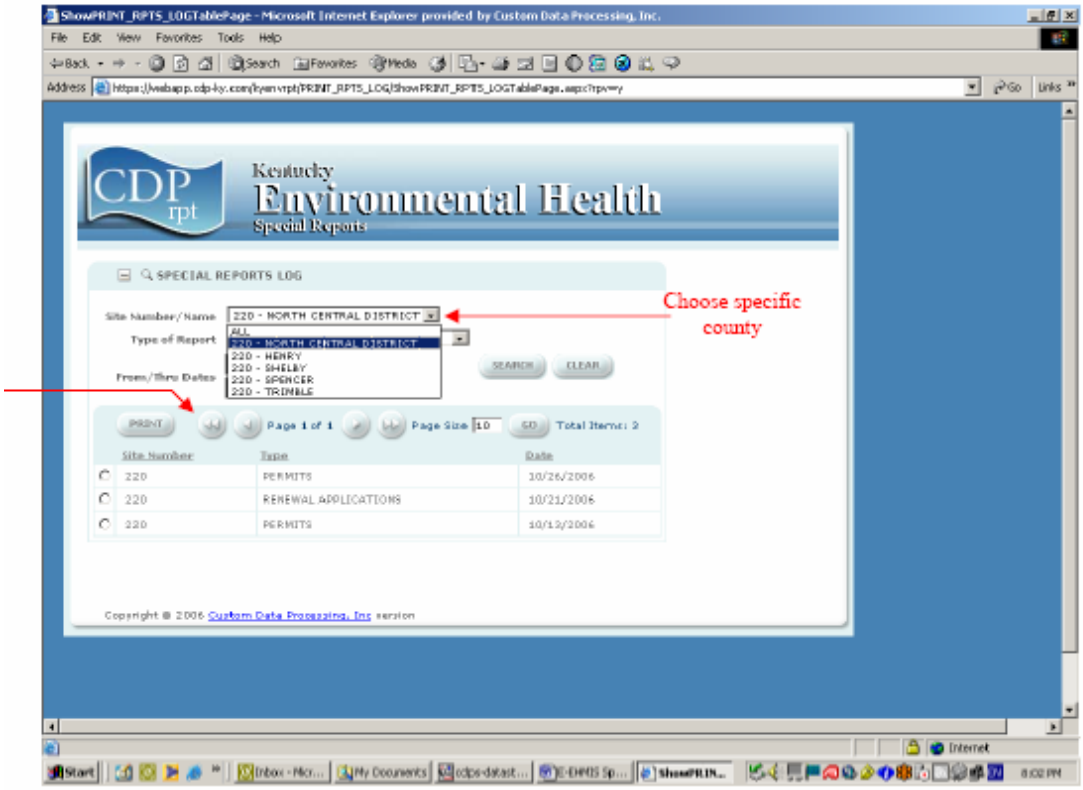
If you entered a valid username and password, the Kentucky Environmental Health Special Reports Log page will be displayed.

## Information about the Special Reports Log

This page will list all reports available to the user based on one of the conditions below:

- County users will see only the reports available to their specific county.
- District users will see the reports available for all counties in their specific district (if all counties in a district are assigned the district site then all reports will be printed from the district site).
- State users will see all the reports.

The report list will display the site number - name, the report type, and the date the report was created. Reports will be displayed in order of most current to oldest.



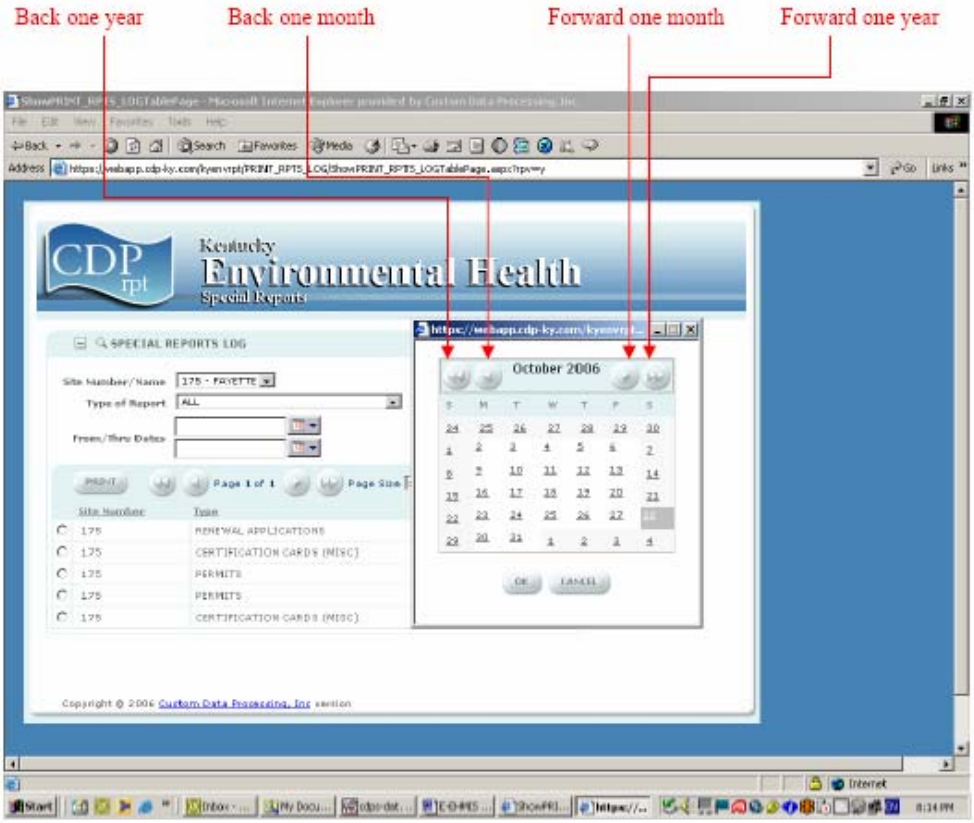

If the list of reports extends beyond a single page, the navigation buttons will allow you to move from page to page.

## Searching Special Reports Log

The Web application has a search feature capability. You can search by the type of report (e.g. permits, certificates, etc.), reports within a specified date range, or a combination of type of report and date range.

To search for a specific report, click the down arrow on the **Type of Report** dropdown box. Select the report you want and click the **Search** button. If you want to search by a date range, choose the start and end dates by typing the dates or clicking the calendars to choose the dates. Once you have the chosen the start and end dates, click the **Search** button. To clear or reset the search criteria, click the **Clear** button.

To select a date, click on the date in the calendar. To navigate to a different month or year, click on one of the navigation buttons. Once you have chosen a date, click the **OK** button. Once you have chosen a start and end date, click the **Search** button.



## Selecting, Viewing, and Printing a Report

**Select and View Report** - To select a report to be printed, click the radio button to the left of the report you want to print, and then click the **Print** Button.

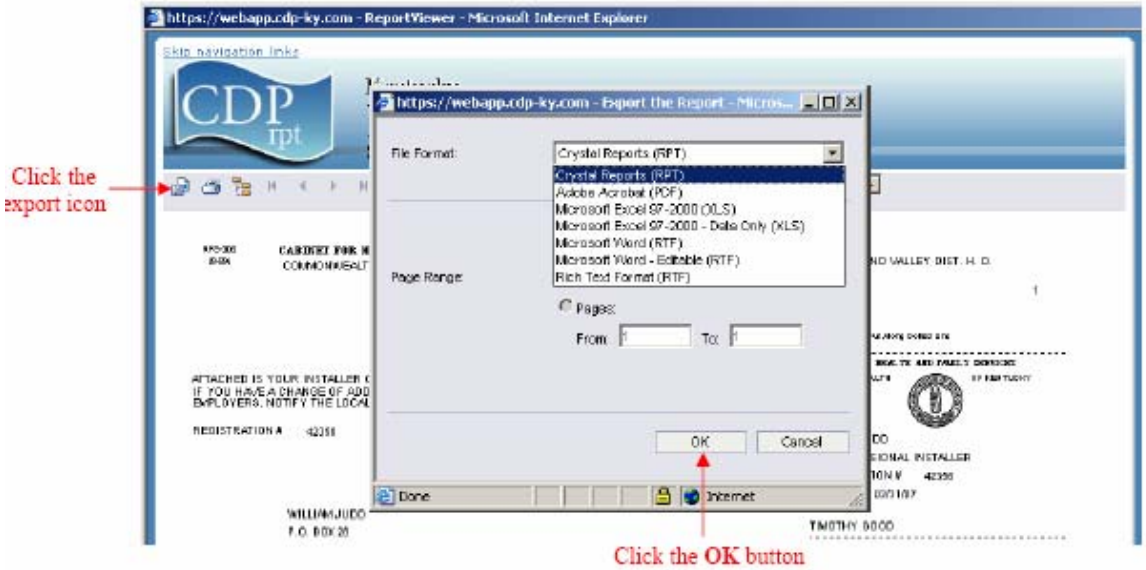
Select a report then click the **Print** button

A Report Viewer will open up and allow you to preview the report. The report viewer provides the ability to do the following:

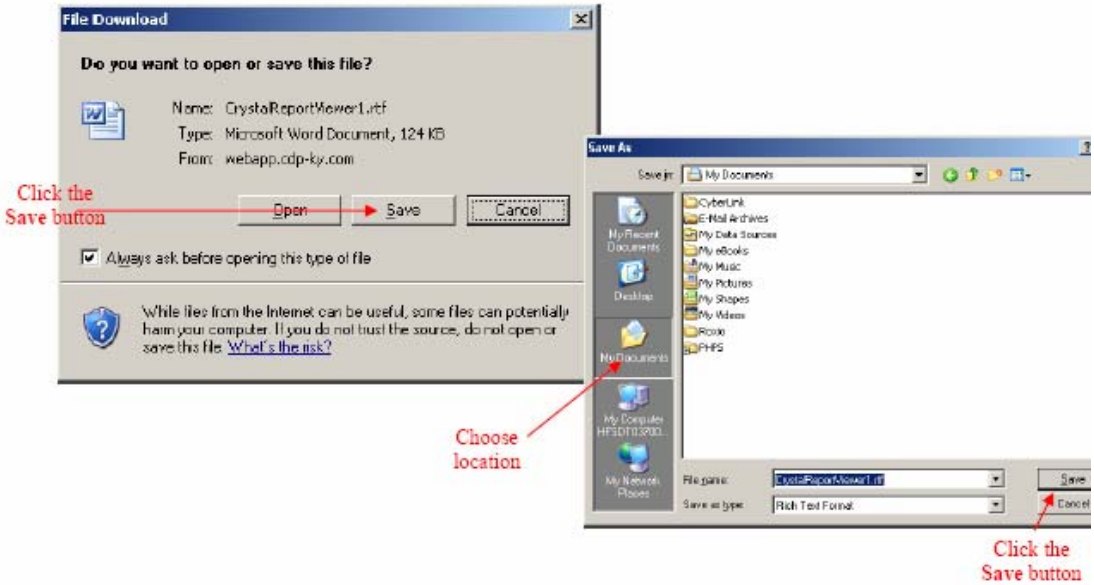
- Print the report
- Export it various other document formats (i.e. PDF, rtf, xls, etc.)
- Search the text for certain keywords

**Print Report** - To print the report, click the print icon, choose the printer, and click the **Print** button. The report should print on the printer that you selected. ***(Note: The report viewer may not display the report in perfect alignment, however the report will print with the proper alignment and in the proper format).***

**Export Report** - To export the report, click the export icon, choose the format and page range, and click the **OK** button.



Choose the **Save** button to export it to a specific location. Choose the location where you want to export it, and click the **Save** button.

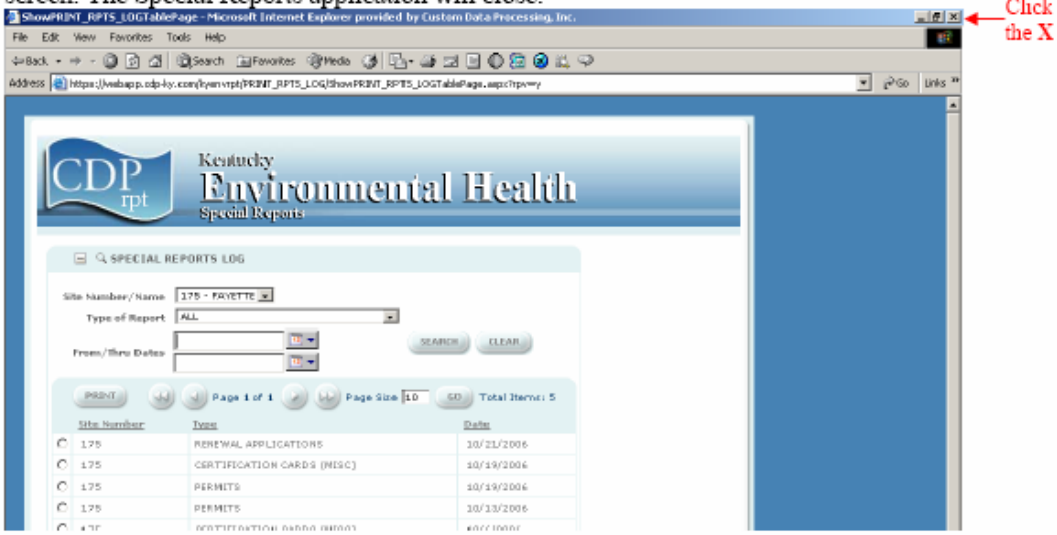



**Search Report for Keyword** - To search the report for a keyword, type the keyword and click the **Find** icon (binoculars). The report will highlight the keyword that you typed.

## Exiting the Report Viewer and the Application

To exit the Report Viewer, click the **X** in the top right hand corner of the screen

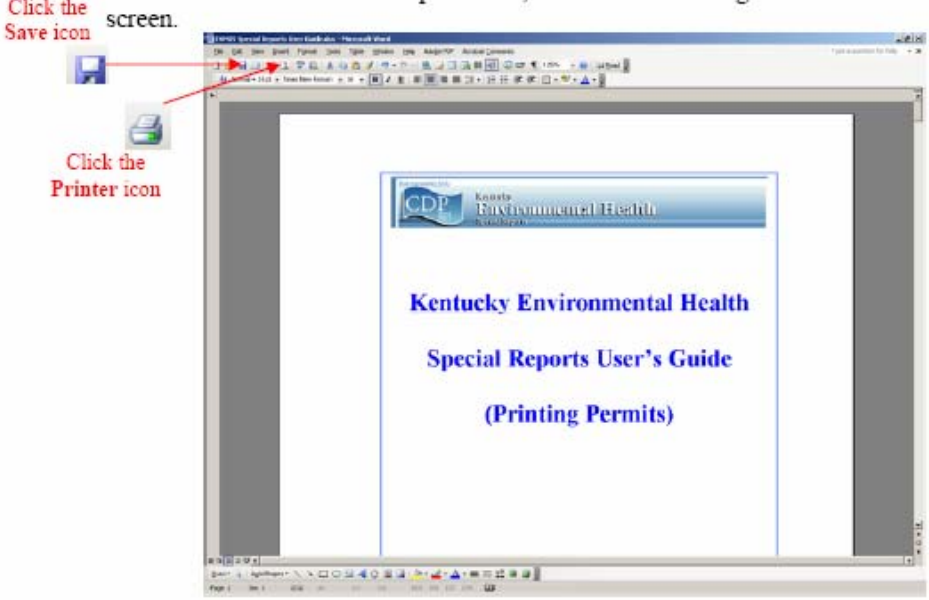
The Report Viewer will close, and you will be returned to the Special Reports Log page. To exit the Special Reports application, click the **X** in the top right hand corner of the screen. The Special Reports application will close.



## Getting Help

To display the help instructions for this application, click on the ? button. The instructions will appear in separate window. Once it is displayed, you can view it, print it or save it on your computer.

To print the help instructions, click the printer icon. To save the help instructions, click the save icon. To close the help window, click the **X** in the right hand corner of the screen.

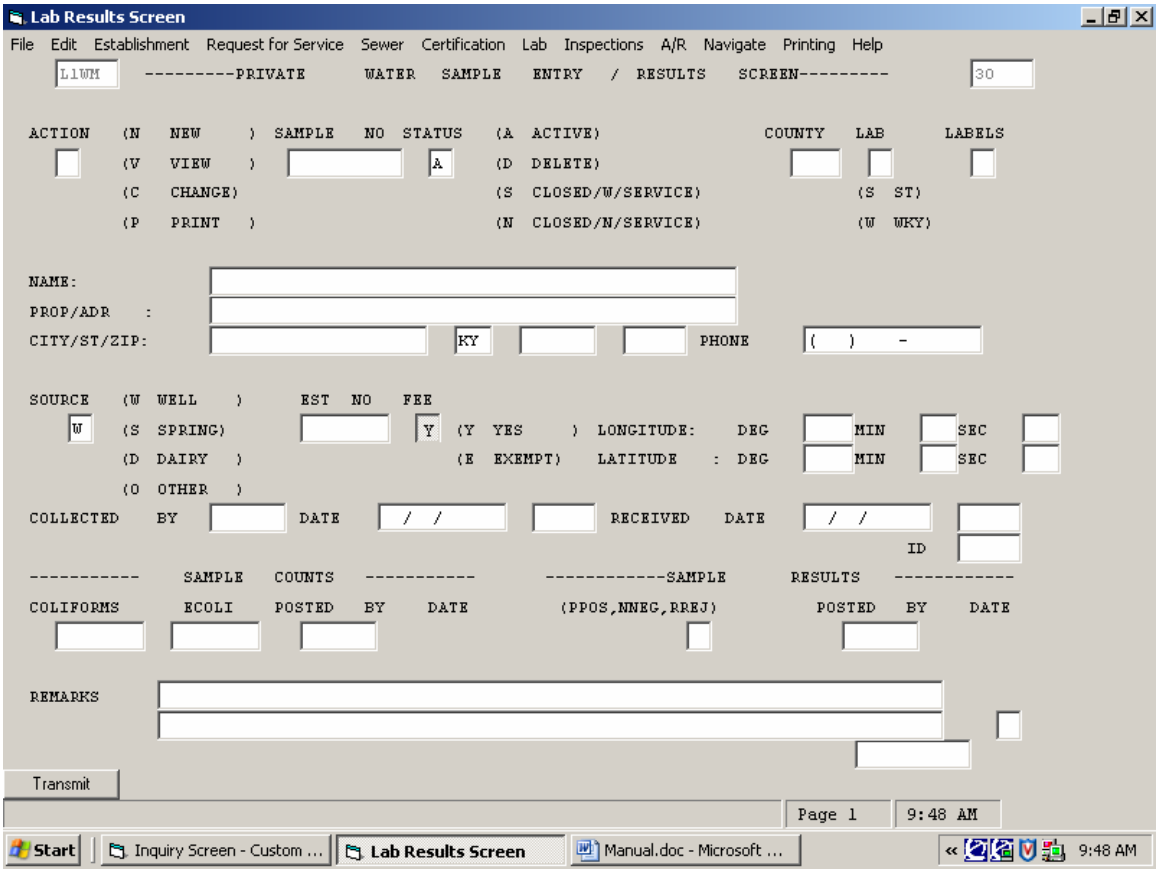


# SECTION N

# LAB

(These screens are used to enter and process Water Samples and Results)

# NEW WATER SAMPLE SCREEN



These screens process and keep up with Water Sample Information.

## *SCREENS*

New Water Sample Screen

This screen is used to update existing Water Sample information.

## *INQUIRIES*

Update Water Sample

This screen is used to update existing Water Sample information.

Open Samples Inq.

This inquiry is used to inquire about existing Water Sample status.

Global Name Inq.

This inquiry is used when Water Sample name is only known.

Posted Date Inq.

This inquiry is used when Water Sample date is only known.

New Water Sample Screen:

Item: Client: The Client number is always 30, which represents Kentucky.

Item 1: Action: The Action Code is utilized to add a record or change a record.

N – Used to add a new record to the system.

V – Used to view existing record in the system.

C – Used to change existing record in the system.

Item 2: Sample No: This number is in numeric order starting with 1 through 9999.

Item 3: Status: This code indicates the status of the water sample.

A – This flags the record as an Active Water Sample.

D – This flags the record as a Deleted Water Sample.

S – This flags the record that the Water Sample is Closed w/Service.

N – This flags the record that the Water Sample is Closed w/No Service.

Item 4: County: The county number is required for all new Water Sample records. (See section G)

Item 5: Lab: This indicates which lab was used.

S – State lab

W – Western Kentucky lab

Item 6: Labels:

Item 7: Name: Enter the name person requesting the Water Sample.

Item 8: Address: Enter the address of where the Water Sample was collected.

Item 9: City, State, Zip Code: Enter the location of the Water Sample.

Item 10: Phone: Enter telephone number of Water Sample.

Item 11: Source: Enter where the Water Sample was collected.

W – Well

S – Spring

D – Dairy

O – Other

Item 12: Est No: Enter an establishment number if this Water Sample corresponds with an existing establishment in the system.

Item 13: Fee: Enter "Y" or "E"

NOTE: Toggle button to be used on this function.

Y – Yes

E – Exempt

Item 14: GPS Coordinates: Enter GPS Coordinates in Decimal Degrees. 5 Decimal Degrees. Two Numbers (Decimal) 5 Numbers or Spaces after Decimal.

Item 15: Collected by: Sanitarian who preformed the service.

Item 16: Date: Date of Collection.

Item 17: TM: Time came in.

Item 18: Received Date: Date the Sample came in.

Item 19: TM: Time received the sample.

Item 20: ID: ID of person received.

**Items 21 – 28 are after the sample is received back from lab:**

Item 21: Coliforms:

Item 22: Ecoli:

Item 23: Posted by: Sanitarian who processed.

Item 24: Date: Date received back from lab.

Item 25: Pos, Neg, Rej: Test Results.

P – Positive

N – Negative

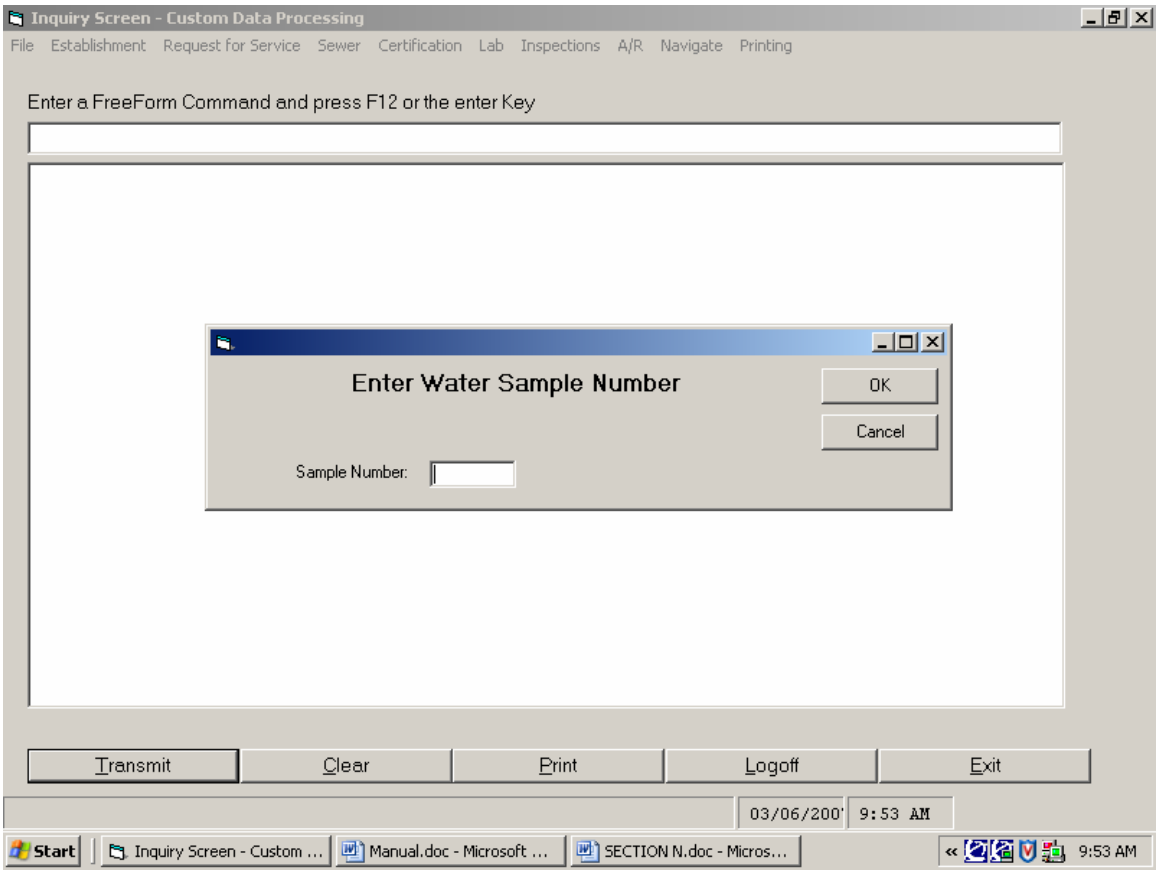
R – Rejected

Item 26: Posted by: Person processing information.

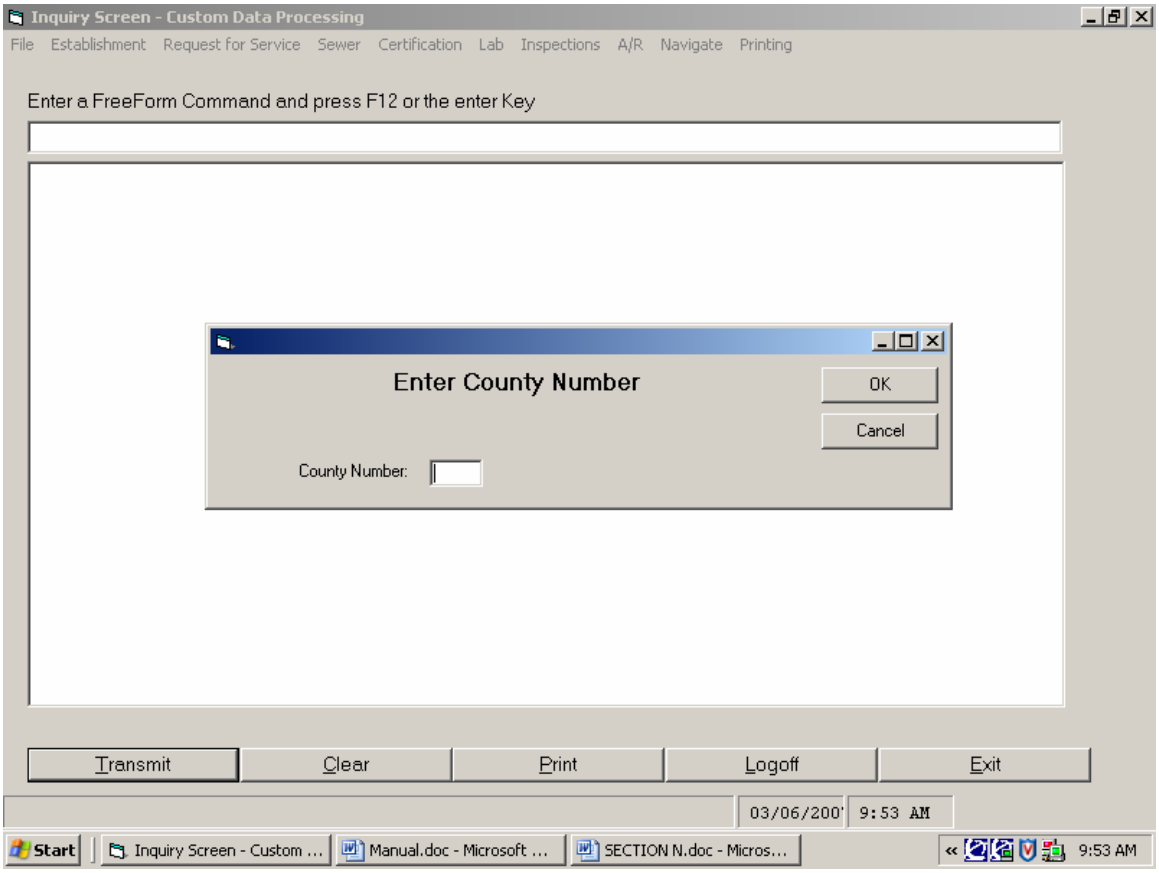
Item 27: Date: Date Processed.

Item 28: Remarks: Any remarks concerning Water Sample.

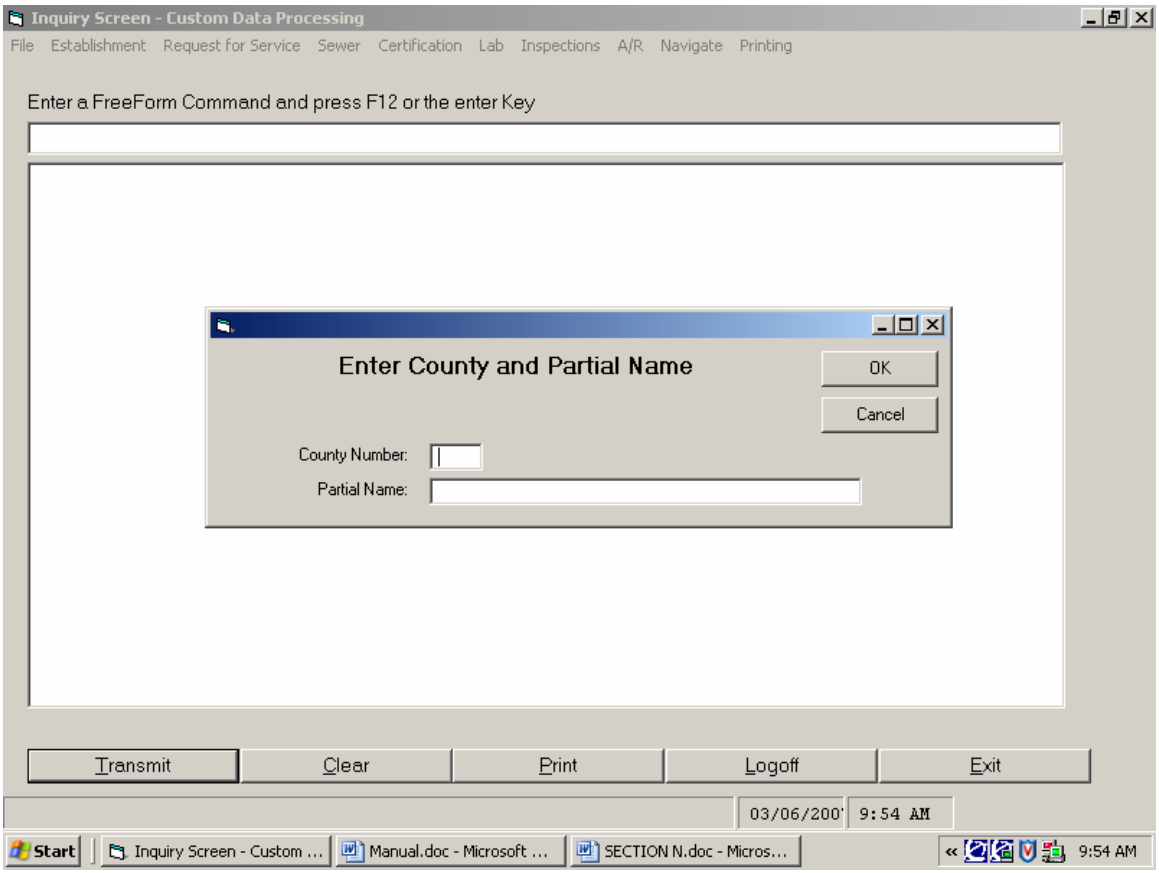
# UPDATE WATER SAMPLE



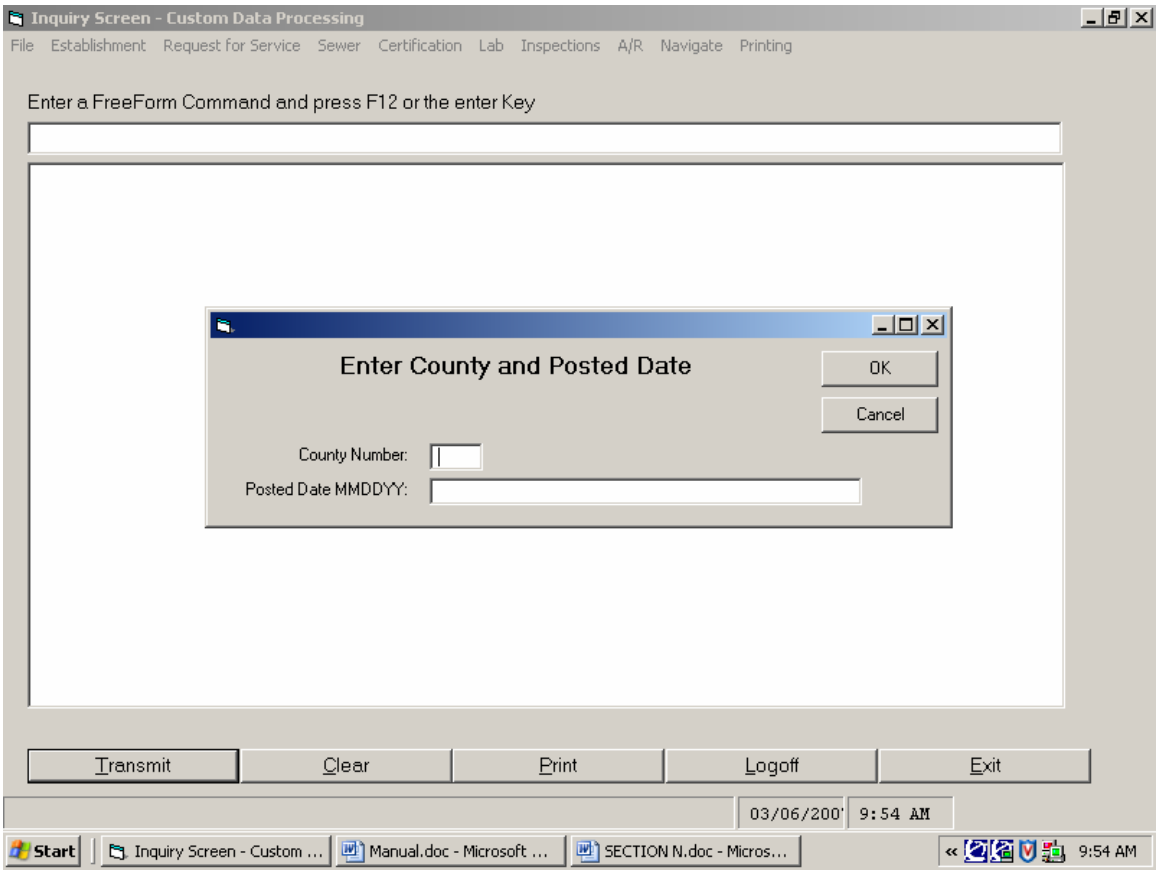
# OPEN SAMPLES INQ.



# GLOBAL NAME INQ.



# POSTED NAME INQ.

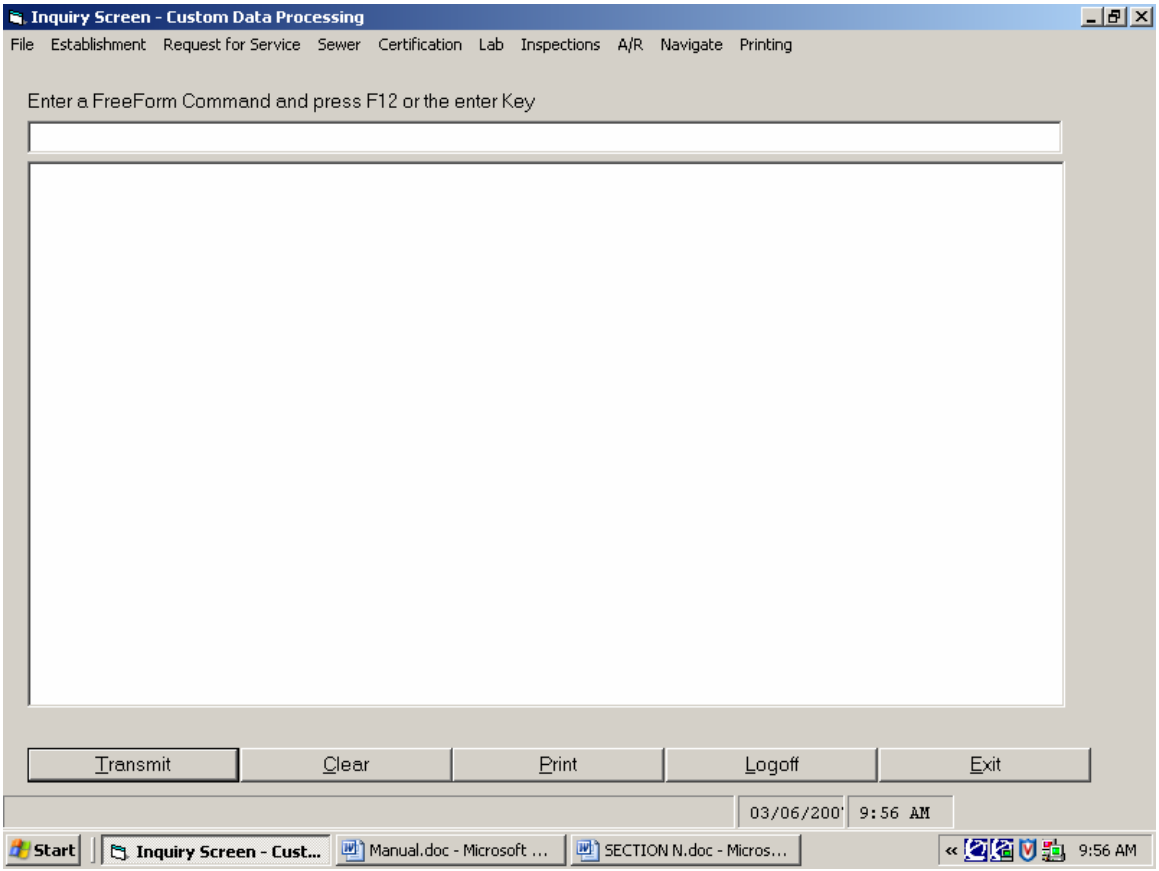


# SECTION O

## NAVIGATE

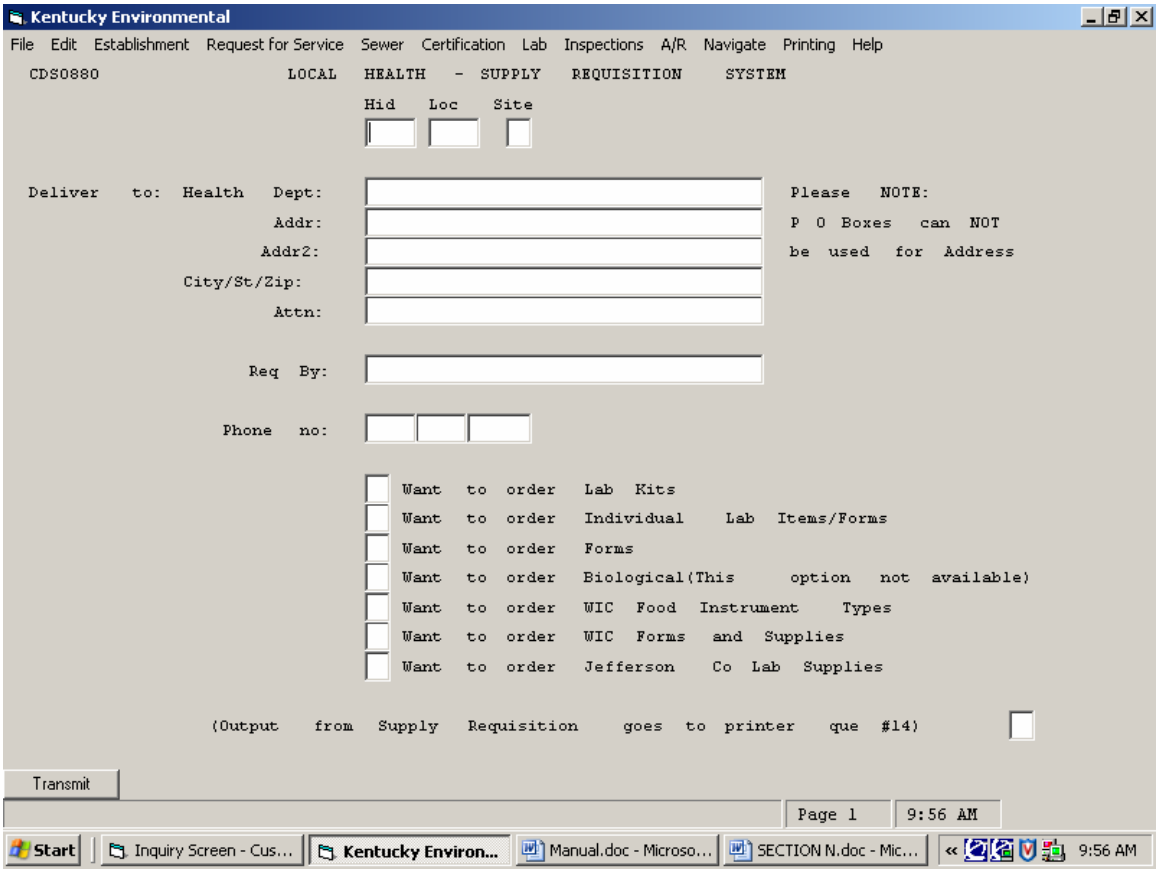
(These screens are used to send messages, order forms, and receive massages, and talk to other clerks)

# INQUIRY SCREEN



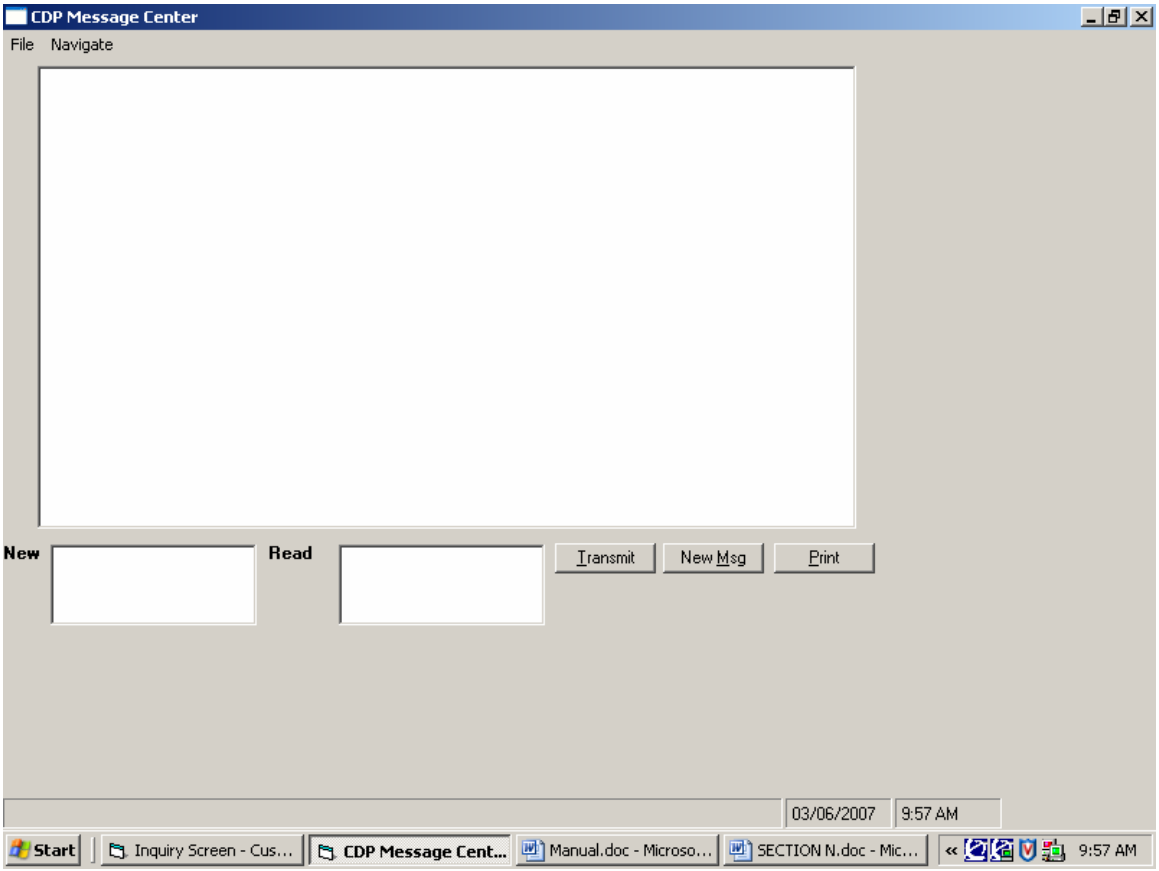

THIS SCREEN IS THE UNIVERSAL SCREEN WHICH IS YOUR CENTRAL OPERATION SCREEN.
(This screen never closed out)

# FORMS SCREEN




THIS SCREEN IS WHERE YOU REQUEST FORMS AND PAMPLETS.

# MESG. CENTER




THIS SCREEN IS USED TO SEND AND RECEIVE MESSAGES TO OTHER TERMINALS.

# SECTION P

# TANNING BED SET UP AND INSPECTION

# TANNING BED ENTRY INTO EHMIS/GUI

DFS-200 (Rev. 10/00)

**CABINET FOR HEALTH SERVICES**
**DEPARTMENT FOR Public HEALTH**

☐ APPLICATION FOR PERMIT/LICENSE TO OPERATE A _____

☐ FACILITY PROFILE Permit/License Fee _____ Inspection Fee _____ Total _____

Date Paid _____ Check ☐ Cash ☐ Money Order ☐

1

| Action | |
|---|---|
| New | N |
| Change | C |
| Deleted | D |
| Reactivate | R |

2 Est. No.

3

| Status | |
|---|---|
| Active | A |
| Inactive | I |
| Hold | H |
| No. app | N |
| Suspended | S |

4 County

5 Program

9

| Type of Service | |
|---|---|
| Sit Down/Full | 1 |
| Cafeteria/Continental | 2 |
| Carry-out/retail mkt. | 3 |
| Caterer (Comm.) | 4 |
| Interstate Convevance | 5 |
| No Service Type | 6 |

6 Sanitarian

7 Insp Intvl.

8 Type of Est.

10

| Water Supply | |
|---|---|
| Public | 1 |
| Private | 2 |
| Other | 3 |

11

| Sewage | |
|---|---|
| Public | 1 |
| Private | 2 |
| Other | 3 |

12 Federal ID

13 Census Tract

**TO BE COMPLETED BY APPLICANT - PLEASE PRINT**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 14 | Name of Establishment | | | | | | |
| 15 | Sort Name (leave Blank) | | | | | | |
| 16 | Street Address | | | | | | |
| 17 | City | | | Zip Code | | | Phone # |
| 19 | Owner's Name | | | | | | |
| 20 | Mailing Address | | | | | | |
| 21 | City | | State | | Zip Code | | Phone # |

**Applicant Signature:** _____ **Date:** _____

22 Social Security No.

23 Latitude ___ DEG ___ MIN ___ SEC Longitude ___ DEG ___ MIN ___ SEC

24

| Quanity 1 | Unit Measure | |
|---|---|---|
| | Machines | A |
| | Mobile. Home Spaces | M |
| | Rooms | R |
| | Seats | S |
| | Trucks | T |
| | Gallons | G |
| | Boarders/Beds | B |

25

| Quantity 2 | Unit Measure | |
|---|---|---|
| | Commissaries | C |
| | RV Spaces | V |
| | Feet | F |
| | Male Student | M |
| | Residents | R |
| | | |
| | | |

26 Catering Operation ☐

27 Drive Through Window ☐

28 Planned Construction No._____

| Unit Measure | Quantity | Date |
|---|---|---|
| | | |
| | | |

29 State Owned

30 Fee Paying

31 WIC

32 Group ID

33 Print Permit

34 Roster

35 Home County

36 Truck Only

SEPTIC TANK TRUCKS

| Number | Make | Model | Year | Capacity |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

37

| Bond Information | |
|---|---|
| Insurance Company | 1 |
| Individual | 2 |
| Bond Needed | 3 |
| Not Required | 4 |
| Cancelled | 5 |

Construction Plan Approval ☐

New or Additional Plumbing Construction Approval ☐

By: _____

Health Authority: _____ Date: _____

DFS-400 (06/07)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET
FRANKFORT, KENTUCKY 40621

Print Form

# TANNING FACILITY REGISTRATION/MONITOR

Registration No. _____ Sanitarian Code _____ Action Code _____

**Purpose:** ☐ Regular 1 ☐ Follow-up 2 ☐ Complaint 3 ☐ Survey 4 ☐ Other 5

COUNTY: _____ DATE: _____

TO: _____

(Name and Title of Owner) (Firm Name)

Address _____ City _____ State ____ Zip Code _____

**The following violations to KRS 217.926**

Report received by: _____ Title _____ Inspector: _____

The above listed violations have been discussed with me and I agree to correct these listed violations within _____ days from this date: _____

Signature of Owner _____

Kentucky UNBRIDLED SPIRIT

- When you are registering a new Tanning Facility you will start with the DFS-200 form. You will fill the DFS-200 out like most New Establishments with the corresponding codes. (The Ehmis/Gui system will assign a permit number)
- You will use the DFS-400 form for Registration/Monitor credit in the Ehmis/Gui system. You will enter this Registration/Monitor form DFS-400 on the CDS89 screen (under inspections tab on the Gui). This is where you would enter normal inspections.

# ESTABLISHMENT TYPE CODES

24-1 – TANNING SALON
24-2 – BEAUTY BARBER SHOP
24-3 – MISCELLANEOUS RETAIL
24-4 – COUNTRY CLUB
24-5 – HOTEL/MOTEL
24-6 – HEALTH CLUB/SPA
24-7 – OTHER

- You will flag for this establishment not to print on the roster.
- The fee for Tanning Beds is a yearly registration fee of $20.00.
- A renewal will print out yearly.
- A permit will not be given for a registration.

# DFS-200 EXAMPLE

DFS-200 (Rev. 7-01)

CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH

☑ APPLICATION FOR PERMIT/LICENSE TO OPERATE A Tanning Facility

☐ FACILITY PROFILE Permit/License Fee _____ Inspection Fee _____ Total _____

Date Paid _____ Check ☐ Cash ☐ Money Order ☐

| | |
|---|---|
| Action | |
| New | N |
| Change | C |
| Deleted | D |
| Reactivate | R |

Est. No.

| | |
|---|---|
| Status | |
| Active | A |
| Inactive | I |
| Sold | S |
| No. MGR | M |
| Suspended | S |

County: 0134

Program: 6 7 7

| | |
|---|---|
| Type of Service | |
| Sit Down/Full | 1 |
| Cafeteria/Continental | 2 |
| Carry-out/Retail Est. | 3 |
| Caterer (Comm.) | 4 |
| Interstate Conveyance | 5 |
| No Service Type | 6 |

Registration: 57002

Comp Issue: 360

Type of Est.: 2 4 6

| | |
|---|---|
| Water Supply | |
| Public | 1 |
| Private | 2 |
| Other | 3 |

| | |
|---|---|
| Sewage | |
| Public | 1 |
| Private | 2 |
| Other | 3 |

Federal ID

Census Tract

TO BE COMPLETED BY APPLICANT - PLEASE PRINT

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 14 | Name of Establishment | Get Fried | | | | | |
| 15 | Sort Name (leave Blank) | | | | | | |
| 16 | Street Address | 123 Your Place Plaza | | | | | |
| 17 | City | Whoknows | Zip Code | KY | | Phone # | 41234 |
| 19 | Owner's Name | Tan Man | | | | | |
| 20 | Mailing Address | | | | | | |
| 21 | City | | State | | Zip Code | | Phone # |

Applicant Signature: [signature] Date: 12/18/07

22 Social Security No.

23 Latitude DEG MIN SEC Longitude DEG MIN SEC

| Quantity 1 | Unit Measure | |
|---|---|---|
| | Machines | A |
| | Mobile. Home Spaces | M |
| | Rooms | R |
| | Seats | S |
| | Trucks | T |
| | Gallons | G |
| | Boarders/Beds | B |

| Quantity 2 | Unit Measure | |
|---|---|---|
| | Commissaries | C |
| | RV Spaces | V |
| | Feet | F |
| | Male Student | M |
| | Residents | R |

26 Catering Operation ☐

27 Drive Through Window ☐

28 Planned Construction No. _____

| Unit Measure | Quantity | Date |
|---|---|---|
| | | |

29 Grade Issued

30 Fee Paying Y

31 MIC

32 Group ID

33 Print Permit

34 Roster N

35 Home County

36 Truck Only

37 Bond Information

| | |
|---|---|
| Insurance Company | 1 |
| Individual | 2 |
| Bond Needed | 3 |
| Not Required | 4 |
| Cancelled | 5 |

Construction Plan Approval ☐

New or Additional Plumbing Construction Approval ☐

By: _____

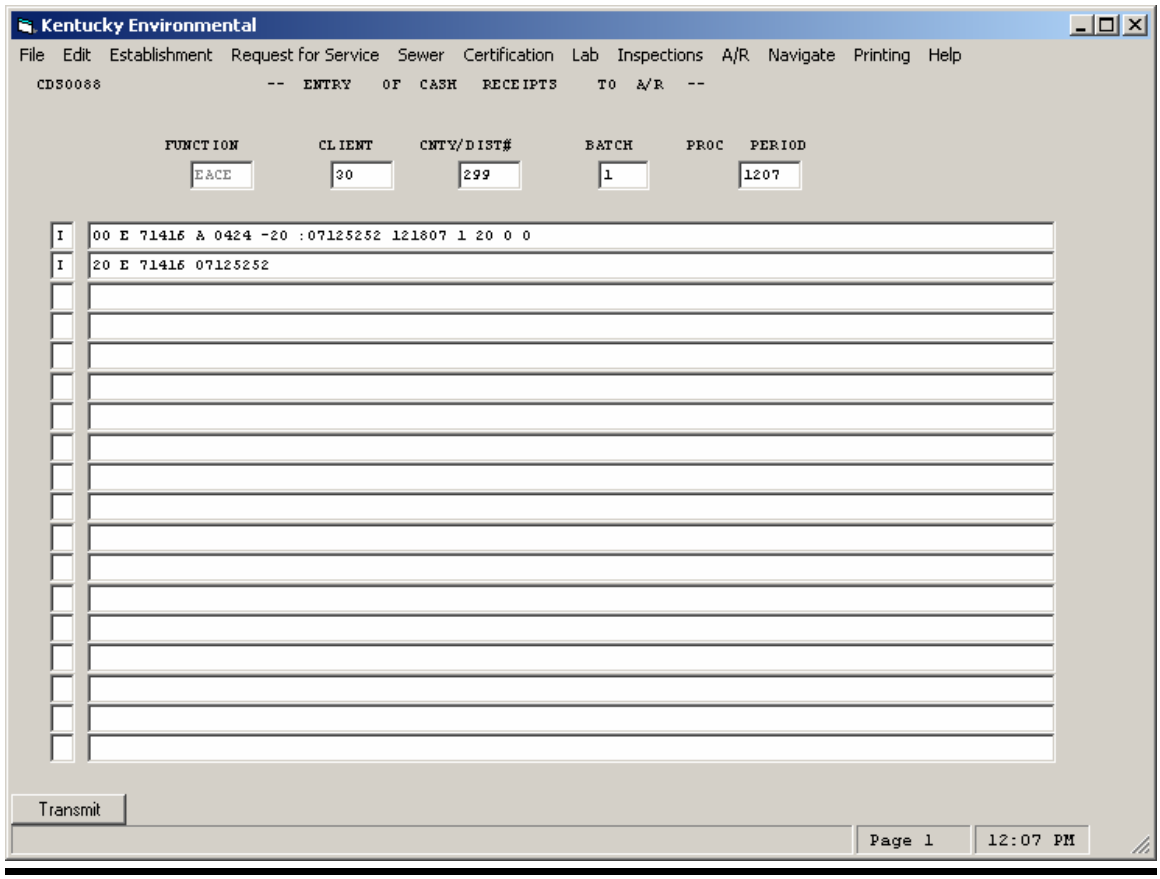
38 SEPTIC TANK TRUCKS

| Number | Make | Model | Year | Capacity |
|---|---|---|---|---|
| | | | | |

Health Authority: _____ Date: _____

Kentucky

# MONEY ENTRY




This money is considered to be state money. Once entered into the system it will be reallocated back out to the health departments quarterly.