



Salt Lake Valley Health Department
788 E Woodoak Lane
Murray, UT 84107
Phone 313-6641 FAX 313-6669
www.slvhealth.org

**ENVIRONMENTAL HEALTH DIVISION
BUREAU OF SANITATION AND SAFETY**

Final Report

Submission date: ___/___/___ Case Number: _____

Property Identification Information

[R392-600-7(2)(a); SLVHD HR 32 7.3.2(i)]

Street Address:		
City:	State:	Zip:
Parcel ID Number:		
VIN (if applicable):		

Owner Identification Information

[R392-600-7(2)(a); SLVHD HR 32 7.3.2(i)]

Owner of Record:		
Owner of Record's Representative:		
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Home Phone Number:	Cell Phone Number :	

Decontamination Specialist Information

[R392-600-7(2)(b); SLVHD HR 32 7.3.2(ii)]

Company Name:		
Address:		
City:	State:	Zip:
Work Phone Number :	Cell Phone Number	
Business License Number:	Issuing Agency:	
Certification Number		

Deviations from the Work Plan

[R392-600-7(2)(d); SLVHD HR 32 7.3.2(iv)]

If applicable, describe any deviations from the approved work plan.

Photographs and Sketches of the Property

[R392-600-7(2)(e,f); SLVHD HR 32 7.3.2(v,vi)]

Attach all photographs documenting each of the sample locations and all sketches that depict sampling areas and areas that were decontaminated.

Sampling Procedure

[R392-600-7(2)(g); SLVHD HR 32 7.3.2(vii)]

Describe the sampling procedures used for each sample collected.

Test Results

[R392-600-7(2)(h); SLVHD HR 32 7.3.2(viii)]

Attach all copies of testing results from the property, including testing for VOCs, corrosives, and if applicable, lead and mercury, and testing performed by an analytical laboratory.

Discussion of Test Results

[R392-600-7(2)(i); SLVHD HR 32 7.3.2(ix)]

Provide a written discussion interpreting the test results for all analytical testing on all samples.

Atmosphere:	Locations tested:	Date of tests:	Results:
Corrosive <input type="checkbox"/> Yes <input type="checkbox"/> No			
Flammable <input type="checkbox"/> Yes <input type="checkbox"/> No			
Combustible <input type="checkbox"/> Yes <input type="checkbox"/> No			
Toxic <input type="checkbox"/> Yes <input type="checkbox"/> No			