State of Illinois
Department Human Services - IMSHS

Environmental Safety Checklist Summary Sheet

(Complete after Environmental Safety Checklist and as problems are corrected)

Center Name: _____ Completion Date: _____ Month: _____

_____ _____

(Signature of Health Coordinator) (Signature of Director)

Area	Item Number	Problem Fund/Need for Correction	Corrective Action Planned	Projected Completion Date	Person Responsible	Actual Completion Date