



## SIT Monthly Evaluation

State Board of Sanitarian Registration  
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SIT Name (Please Print)		SIT Number:	
Business Address			
City		State	Zip
Business Phone w/ Area Code and Ext:	Home Phone w/ Area Code:	E-mail Address:	
Supervising RS Name and Number: (Please Print)		Month and Year of Evaluation	

As the designated RS supervisor for the SIT listed above, I hereby certify that the following information is true:

- I was available for consultation on a daily basis.
- I did provide training and technical advice.
- I reviewed and provided advice on enforcement proceedings specified in Division (E) of Section 4736.01 of the Ohio Revised Code, provided such proceedings took place.
- I evaluated the SIT's work as it relates to the practice of environmental health.

The following are samples of inspections conducted during the month by the SIT. This evaluation form and supporting documentation must be available for at least twelve months from the date of this form. Please attach any comments regarding the SIT's job performance to this form on a separate sheet of paper.

1.	Date (mm/dd/yy):	Location and Inspection Type:
2.	Date (mm/dd/yy)	Location and Inspection Type:
3.	Date (mm/dd/yy)	Location and Inspection Type:
4.	Date (mm/dd/yy)	Location and Inspection Type:
5.	Date (mm/dd/yy)	Location and Inspection Type:

\_\_\_\_\_  
Signature of Supervising RS

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SIT

\_\_\_\_\_  
Date