# VIII. APPENDIX A



Facility Name:

### RENTAL HOUSING HABITABILITY OFFICIAL INSPECTION REPORT

Inspection Date:

COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH
OFFICE: RENTAL HOUSING HABITABILITY • CHIEF: MELISSA HOSSEINI
5050 COMMERCE DR, BALDWIN PARK, CA 91706 - Phone: (626) 430-9853

WWW.PUBLICHEALTH.LACOUNTY.GOV/EH



Owner/Permittee:		Re-Inspection Date:			
Facility Address:		City/Zip:			
Program Identifier:			Time in:	Service:	
FA:	Record ID:	PE:	Time Out:	Result: Action:	
violation(s) obs	erved at the time of the inspection				
		VIOL	ATIONS		
Violation:					NON-CRITICAL
Violation Text:					
Corrective Action:					
Violation:					NON-CRITICAL
Violation Text:					
Corrective Action:					
Violation:					NON-CRITICAL
Violation Text:					
Corrective Action:					
Violation:					CRITICAL
Violation Text:					
Corrective Action:					
	PIC/Owner	Signature	E	HS Signature	

Help us serve you better by completing a short survey. Visit our website at <a href="http://publichealth.lacounty.gov/eh/about/customer-service.htm">http://publichealth.lacounty.gov/eh/about/customer-service.htm</a>.
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## RENTAL HOUSING HABITABILITY OFFICIAL INSPECTION REPORT

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WWW PUBLICHEALTH LACOUNTY GOV/EH



Facility Name:	Facility Name: Inspection Date:							
Faoility Address:		CI	City/Zip:		Phone #:			
FA:	PR:		SR:	co:		PE:		
Violation:							CRITICAL	
Violation Text:								
Corrective Action:								
Violation:			<u> </u>				CRITICAL	
Violation Text:								
Corrective Action:								
Violation:								
Violation.								
Violation Text:								
Corrective Action:								
							NON-CRITICAL	
Violation:							NON-CRITICAL	
Violation Text:								
Corrective Action:								
Controlled Actions.								

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EHS Signature

PIC/Owner Signature



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OFFICE: RENTAL HOUSING HABITABILITY CHIEF: MELISSA HOSSEINI

5050 COMMERCE DR, BALDWIN PARK, CA 91706 - Phone: (626) 430-9853



Facility Name:			W.FOBLICHEALTH.CACOUNTY.GO	Inspection Date:			
Facility Address:		City/Zip:			Phone #:		
FA:	PR:		8R:	co:		PE:	
		_					NON-CRITICAL
Violation:							NON-CRITICAL
Violation Text:							
Corrective Action:							
	O	VE	RALL INSPECTION COMM	ENTS			

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EHS Signature

PIC/Owner Signature



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WWW.PUBLICHEALTH.LACOUNTY.GOV/EH



	<u>-</u>	WW. OBLIGHEALTH. DAGGON	11.004/21				
Facility Name:				Inspection Date:			
Facility Address:		City/Zip:		Phone #:			
FA:	PR:	8R:	co:		PE:		
It is improper and illegal for any County officer, employee or inspector to solicit bribes, gifts or gratuities in connection with performing their official duties.  Improper solicitations include requests for anything of value such as cash, free services, paid travel or entertainment, or tangible items such as food or beverages. Any attempt by a County employee to solicit bribes, gifts or gratuities for any reason should be reported immediately to either the County manager							
responsible for supervising the emp							
Failure to correct the violations by the compliance date may result in additional fees.							
Your signature on this form does not constitute agreement with its contents. You may discuss this content of this report by contacting the supervisor at the phone number of the Environmental Health office indicated on front page of this report. Until such time as a decision is rendered by this department, the content of this report shall remain in effect.							
By signing below the Person in Charge/Owner understands the above noted violations and statements.							
					_		
	PIC/Owner Signatur	ге	EHS Signat	иге	_		
Help us serve you better by completing a short survey. Visit our website at <a href="http://publichealth.lacounty.gov/eh/about/customer-service.htm.">http://publichealth.lacounty.gov/eh/about/customer-service.htm.</a> Page 4 of 4							