

DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH

**INSPECTION REPORT**

DH 7036 (LHS-36) R 12/98

Public Rest Room  
  Bus Station  
  Railroad Station  
  Airport  
  Filling Station  
  Motel/Hotel  
  School  
  Other Public Building

ESTABLISHMENT <b>Stadium Support Building</b>	TYPE <b>Public</b>	PARISH <b>Lincoln</b>
OCCUPANT	ADDRESS <b>Blalock Street, Grambling, LA 71245</b>	
OWNER <b>Grambling State University</b>	ADDRESS <b>P.O. Drawer 607, Grambling, LA 71245</b>	
MANAGER <b>Mr. Tremell Turner, Associate Director of Facilities</b>	ADDRESS	NO. OF UNITS NO. INSP.

If Item is <b>Unsatisfactory</b> Indicate With a Cross <input checked="" type="checkbox"/>	COMMENTS	
<b>SITE</b>		
Clean, no refuse <input type="checkbox"/>	Weight Room - Flooring in poor repair	
Drainage <input type="checkbox"/>		
<b>BUILDING</b>		
Appearance (Repair and paint) <input checked="" type="checkbox"/>	Locker Room - Ceiling tiles in poor repair due to water damage	
Lighting <input type="checkbox"/>		
Heating—Gas heaters vented to outside <input type="checkbox"/>		
Ventilation <input type="checkbox"/>		
Rooms—Clean (Housekeeping) <input type="checkbox"/>		
Linen—Clean <input type="checkbox"/>		
Linen—Adequate size <input type="checkbox"/>		
<b>TOILET FACILITIES</b>		
Accessibility, adequate number <input type="checkbox"/>		
Rooms (Clean, proper flooring covering, lighting, ventilation, screening) <input type="checkbox"/>		
Rooms (Each sex) <input type="checkbox"/>		
Urinals & water closets (Type, condition, paper) <input type="checkbox"/>		
Lavatories (Soap and individual towels) <input type="checkbox"/>		
Sewage disposal (Type, adequacy, maintenance, operation) <input type="checkbox"/>		
Approved type fixtures <input type="checkbox"/>		
<b>WATER SUPPLY</b>		
Approved source (Potable) <input type="checkbox"/>		
Dispensing (Type, condition) <input type="checkbox"/>		
Free from cross connection & back siphonage <input type="checkbox"/>		
Drinking fountains <input type="checkbox"/>		
<b>GARBAGE AND TRASH</b>		
Proper, adequate containers <input type="checkbox"/>		
Satisfactory disposal <input type="checkbox"/>		
<b>ICE STORAGE AND HANDLING</b>		
Properly protected <input type="checkbox"/>		
Scoops <input type="checkbox"/>		
<b>LUNCHROOM / CAFETERIA</b>		
Handwashing (hot/cold running water, soap, towels, proper location) <input type="checkbox"/>		
Current food service permit <input type="checkbox"/>		
Proper storage and handling <input type="checkbox"/>		
Insect, rodent and roach control <input type="checkbox"/>		

ADDITIONAL COMMENTS  
**Inspection performed on GSU Football weight room and locker room due to complaint received on October 4, 2013.**

**Made inspection with Mr. Tremell Turner.**

SANITARIAN <i>Allen P. Hamer</i>	1 4 1 6	OWNER OR MANAGER <i>Tremell C. T.</i>	DATE <i>10/7/13</i>
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