

Maryland Clean Indoor Air Investigation Form



_____ [County Health] Department

County Reference No. _____ Establishment License#: _____

Establishment Tax ID #: _____

Date of Visit: _____ Time: _____

Establishment Name: _____

Address: _____

City _____ State _____ Zip _____

Owner: _____

Person in Charge: _____

Reason for Visit:

- Phone Complaint
- Referral from MDH
- Referral from DLLR/MOSH
- Follow-Up Visit
- Other: _____

Type of establishment:

- Restaurant
- Bar
- Retailer
- Carry-out or other food establishment
- Hotel/Motel
- Other: _____

Findings:

Signs posted as required? Yes No

Smoking and vaping prohibition enforced as required? Yes No

Details (Provide complete details, including witness statements where available):

Authority for this investigation is pursuant to COMAR 10.19.04.08:

I have provided a copy of this investigation report to _____, person in charge of the establishment.

Name (print): _____

Signature: _____ Date: _____

- A. A health officer or the health officer's designee may investigate conditions relative to the enforcement of this chapter.
- B. The person in charge of an establishment shall permit a health officer or health officer's designee to enter an establishment during its business hours for the purpose of determining compliance with this chapter.
- C. When an investigation is made, the health officer or the health officer's designee shall:
 - (1) Document:
 - (a) The result of the investigation on a report form provided by the Department; and
 - (b) A condition found that is in violation of the provisions of this chapter;
 - (2) Furnish one copy of the report form to the person in charge of the establishment; and
 - (3) Make the completed report form available for public disclosure in accordance with Md. Code Ann., State Government Article §10-611—10-628.

If you have questions, please contact the _____ [Health] Department at _____.