



# BOH Forms: #15 BOH Active File Checklist

## Board of Health and Local Health Department Standard Operating Procedures (SOP)

This **Log** can be used to track all BOH work. Complete Daily. Person completing a section should initial.

The Checklist is designed to be used in tandem with the **BOH SOP and Appendices**. BOXES CAN BE CHECKED WITH THE CURSOR.

Date	Issue/Work	Address	Contact Info		Follow Up Needed	Initials
					<input type="checkbox"/>	
					<input type="checkbox"/>	
Date	Application	Plan Type/ Date	Fee Owed	Fee Paid	Person assigned Follow-up	Initials
					<input type="checkbox"/>	
					<input type="checkbox"/>	
Date	Witness/Insp.	Missing/Non-Compliant Items	Contact Made	Resolution		Initials
Date	Application Review	Checklist Items Missing	Contact Made	Resolution		Initials
Date	Permit Type/ #	Expiration Date	Conditions		Permit Sent	Initials
					<input type="checkbox"/>	
					<input type="checkbox"/>	
Date	C of C	Expiration Date	Conditions		CoC Sent	Initials
					<input type="checkbox"/>	
					<input type="checkbox"/>	
Date	Active Filed Closed	Person Closing	Comments			Initials

Person Completing this Form \_\_\_\_\_ Date \_\_\_\_\_