

**New Jersey Department of Health and Senior Services
Consumer, Environmental and Occupational Health Service
Indoor Environments Program
PO Box 369, Trenton, NJ 08625-0369**

Email Address: iep.program@doh.state.nj.us
Submission Fee: \$1,500.00

**Child Care Center – Indoor Environmental Health Assessment
FORM A: SUBMISSION INFORMATION**

NJDHSS Use Only	
Tracking No.	Date Received
<input type="checkbox"/> Check	<input type="checkbox"/> MO No.: _____
Logged In by:	

Directions: Please print clearly or type. In addition, forms A through G, as well as any other information required must be completed and included in the submission package.

I. Environmental Consultant Information and Type of Facility			
Consultant Name		DHSS Certification No.	
Individual Who Conducted Assessment (use separate sheet for more than one)		DHSS Approval No.	
Select the Type of Facility: <input type="checkbox"/> Child Care Facility (complete Sections II. and IV. below) <input type="checkbox"/> Educational Facility (complete Sections III. and IV. below)			
II. Child Care Facility Information			
Facility Name			
Street Address		City	County
Contact Name		Title	Daytime Telephone
Mailing Address <input type="checkbox"/> Check if same as above		City	State Zip Code
Operator Name <input type="checkbox"/> Check if same as Contact Name		Daytime Telephone	
Building Owner Name <input type="checkbox"/> Check if same as Contact Name		Daytime Telephone	
Child Care Center License Data (Reason for Application): <input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application, specify expiration date: ____/____/____ <input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Other, Specify: _____			
III. Educational Facility Information			
Building Information			
Building Name		Type of Activity Being Conducted (check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Renovation/Remodeling <input type="checkbox"/> Addition <input type="checkbox"/> Other, Specify: _____	
Street Address		City	Zip Code County
School District		Contact Information	
District Name		Contact Name	Daytime Telephone
Street Address		Title	
City	State	Zip Code	Email
IV. Certification of Compliance to be Signed by Authorized Consultant Representative			
As an authorized representative of the consultant firm identified in Section I of this document, I hereby certify under penalty of law, that this document and all information required to be provided for the Indoor Environmental Health Assessment (IEHA), are true, accurate and complete to the best of my professional knowledge and judgment. I also certify that all individuals who conducted the IEHA are qualified personnel and that all samples and information was collected in accordance with appropriate regulatory requirements. In addition, I am aware that there are significant penalties for submitting false information, including the suspension of my firm's Consultant Certification as well as penalties of up to \$25,000 per day for the first offense and \$50,000 per day for the second and each subsequent offense.			
Authorized Consultant Representative (Please print legibly or type)		Title	
Signature		Date	

Child Care Center – Indoor Environmental Health Assessment
FORM A: SUBMISSION INFORMATION
(Continued)

INDOOR ENVIRONMENTAL HEALTH ASSESSMENT - CHECKLIST OF REQUIRED DOCUMENTATION <i>Check off each item to ensure that it is attached and include this form with submission.</i>		
X	Form	Building and Site Information
<input type="checkbox"/>	A	Submission Information: <ul style="list-style-type: none"> • Consultant • Facility type, name and address • Certification statement by authorized consultant representative
<input type="checkbox"/>	B	Historical and Current Uses of Building and Site: <ul style="list-style-type: none"> • Describe current conditions and uses of the child care center or educational facility site and building • Provide building history • Identify all chemicals, contaminants and areas of concern from previous uses of the site or building • Identify all current chemicals, contaminants and areas of concern in the child care center or educational facility or in adjacent and proximate businesses • Assessment of adjacent businesses or known contaminated sites which can impact the child care center or educational facility • Industrial Site Recovery Act information
<input type="checkbox"/>	C	Descriptions and Conditions of Building Components: <ul style="list-style-type: none"> • Describe interior building components • Describe exterior building components • Indicate any other building component of concern
<input type="checkbox"/>	D	Description of Heating and Cooling System <ul style="list-style-type: none"> • Describe HVAC system • Describe fuel/energy source • Describe where make-up/fresh air comes from (if any)
<input type="checkbox"/>	E	Water and Sewer Information <ul style="list-style-type: none"> • Describe potable water system • Describe waste system • Indicate any concerns about either
<input type="checkbox"/>	F	Hazardous Substances and Vapor Intrusion <ul style="list-style-type: none"> • Indicate if asbestos, lead-based paint, mold, or volatile organic compounds are/were present, their condition and location • Indicate if other metals (besides lead) are/were present, their condition and location • Indicate if other hazardous substances (other than previously indicated) are/were present, their condition and location • Evaluate the potential for vapor intrusion, identify the chemical(s), and include site diagram indicating source • Indicate whether or not an underground storage tank is present; if so indicate where it is, what it contains and included a site diagram indicating location.
<input type="checkbox"/>	G	Summary of Testing and Evaluation Results <ul style="list-style-type: none"> • List all tests performed, include contaminant, sample result, sample number, sample date, sample type, analytical method, and sample location for each sample taken • Attach site drawings that identify sampling and testing locations • Attach copies of field sampling forms and analytical laboratory reports • Attach copies of all sample chain of custody documents • If no samples were taken, check the box at the top of the first page and leave the rest blank.
<input type="checkbox"/>	H	Assessment Summary, Conclusions, Recommendations and Corrective Measures <ul style="list-style-type: none"> • Only an authorized representative of the consultant firm can complete and sign this form • The summary, conclusions and recommendations resulting from the assessment must be included here. In addition, any type of resulting corrective measures must also be outlined, including sample results from any clearance sampling and name and address of the contractor performing the work.
ADDITIONAL INFORMATION THAT MUST TO BE INCLUDED (UNLESS OTHERWISE NOTED)		
<input type="checkbox"/>	Non-refundable certification fee: certified check or money order made payable to the "New Jersey Department of Health and Senior Services" for the amount of \$1,500.	
<input type="checkbox"/>	Site drawings that identify the proposed/existing child care center or educational facility and areas or businesses of concern	
<input type="checkbox"/>	A copy of a "No Further Action Letter" or equivalent issued by the NJDEP	