Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**G.R.A.S.P OST**	City:	**Groton**	Provider Number:	**011102291**
Inspector:	**Clint Rux**	Date of Inspection:	**09/17/2024**	Time of Inspection:	**3:15 PM**

Provider was found to be in full compliance

Jennifer Kunze	**09/17/2024**	**Clint Rux**	**09/17/2024**
Provider Signature	Date	Inspector Signature	Date