

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **SDSU OST Program**

City: **Brookings**

Provider Number: **011515519**

Inspector: **Charles Schmidt**

Date of Inspection: **09/10/2024**

Time of Inspection: **3:50 PM**

**Provider was found to be in full compliance**

**Jennifer Johnson**

Provider Signature

**09/10/2024**

Date

**Charles Schmidt**

Inspector Signature

**09/10/2024**

Date