

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

Provider's Name: **James Valley Christian School  
OST**

City: **Huron**

Provider Number: **014512049**

Inspector: **Neal Cruse**

Date of Inspection: **09/04/2024**

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

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

**Jeremy Z**

\_\_\_\_\_  
Provider Signature

**09/04/2024**

\_\_\_\_\_  
Date

**Neal Cruse**

\_\_\_\_\_  
Inspector Signature

**09/04/2024**

\_\_\_\_\_  
Date