

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Oahe YMCA**

City: **Pierre**

Provider Number: **015500848**

Inspector: **Chad Wrightson**

Date of Inspection: **08/04/2023**

Time of Inspection: **10:53 AM**

Provider was found to be in full compliance

Lisa Mauna

Provider Signature

08/04/2023

Date

Chad Wrightson

Inspector Signature

08/04/2023

Date