

Provider required to post this report.

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

Provider's Name: **Jones County Coyote Club**

City: **Murdo**

Provider Number: **014512630**

Inspector: **Chad Wrightson**

Date of Inspection: **12/30/2024**

Time of Inspection: **8:43 AM**

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



Provider Signature

**Deb Oreilly**

Name

**12/30/2024**

Date



Inspector Signature

**Chad Wrightson**

Name

**12/30/2024**

Date