



**Protective Health Codes**  
Arkansas Department of Health  
4815 West Markham Street, Slot # 24  
Little Rock, AR 72205-3867  
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**Natural Gas Piping System and Gas Utilization Equipment  
Survey/Inspection Form for Arkansas State Accredited Schools**

School District \_\_\_\_\_

School Address/Location \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

Phone # \_\_\_\_\_

**Note: A form for each school building is not required. The completion of this form represents all buildings in the district or school jurisdiction. Use additional sheets if necessary for repair info.**

**Gas Piping System Results** \* Approved  \* Disapproved

What was repaired or replaced? \_\_\_\_\_

\_\_\_\_\_

Date Inspected \_\_\_\_\_

**Gas Utilization Equipment  
And Venting Results** \* Approved  \* Disapproved

What was repaired or replaced? \_\_\_\_\_

\_\_\_\_\_

Date Inspected \_\_\_\_\_

**Qualified Agency** \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**School Official** \_\_\_\_\_