

**Environmental enforcement and/or administrative policies
promulgated by The Health and Hospital Corporation Board of Trustees
12/1/96**

Inspections of Food Sales and Service Facilities

Gen. Ord. 11-1996(A), Section 2. (*Effective September 18, 1996*)

“The Division of Public Health is directed to study and develop a risk-based mechanism for determining the inspection frequency for routine inspections. The frequency of routinely scheduled inspections should be based on an analysis of the potential risks presented by each particular facility. In that way, resources can be targeted to facilities which fail to adequately self-monitor operations. Generally, well-operated facilities should be inspected less often than those facilities which are not customarily well operated. The Division should evaluate the following criteria in designing its risk-based inspection program: (1) inherent risk presented by the operations of the facility including number of customers and types of food prepared and served, (2) past performance and compliance history of the facility, and (3) other criteria related to food borne disease transmission risk factors.”

Waivers of Standards for Residential Premises

Gen. Ord. No. 14-1996(B), Section 2. (*Effective November 1, 1996*)

“The Regulatory Review Commission recommended that provisions should be made for providing an administrative procedure to grant a waiver to persons for whom compliance is a hardship and when public health risk is not significant. The Board generally concurs that establishing such a procedure should be studied and evaluated. The Board, therefore, directs the staff of the Bureau of Environmental Health to determine and propose, based on its enforcement experience,:

1. objectively-determined circumstances under which a hardship might be declared,
2. objectively-determined circumstances under which public health risk in granting a waiver would not be increased to a significant degree,
3. the number of instances annually in which such a waiver might be granted, and
4. a proposed procedure for application and grant of such a waiver.

“The staff should report to the Public Health Committee of the Board its findings and recommendations no later than March 1, 1997. Thereafter, the Committee may direct any modifications it deems necessary and may direct that Code language in ordinance form be prepared to establish an administrative waiver program for consideration by the full Board.”

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Relationship of asbestos regulation enforcement between Health and Hospital Corporation and City of Indianapolis

Gen. Ord. No. 16-1996(A), Section 3. (*Effective November 1, 1996*)

“In the past, The Health and Hospital staff has applied the general health and safety provision of The Code to require the clean-up of asbestos-containing materials left behind by an asbestos contractor who fails to complete a job properly.

“The Regulatory Review Commission reviewed information that indicated that the City Code contains extensive asbestos hazard regulations, including provisions which would allow the City to take similar enforcement action. Accordingly, the Regulatory Review Commission recommended that the City Air enforcement staff should be the sole enforcement authority to require abatement of asbestos hazards of asbestos-containing materials left behind by an asbestos contractor and that Health and Hospital should discontinue its enforcement action in this area.

“The Board concurs and directs that the President notify the City of Indianapolis Air Pollution Control Division that the Corporation will discontinue taking enforcement action in this circumstance effective January 1, 1997. Until then, the staff of the Bureau of Environmental Health is directed to continue taking enforcement action in those circumstances, to provide any support or training necessary to the City of Indianapolis to ensure an orderly transition and to otherwise assist the City to assume this responsibility.

“In the event that the staff of the Bureau of Environmental Health determines that the City is unable to assume this responsibility on January 1, 1997, the staff shall inform the Board and recommend to the Board any action it should take.”

Enforcement of occupational health and fire and building safety standards

Gen. Ord. No. 16-1996(A), Section 4. (*Effective November 1, 1996*)

“The Board considers and adopts the following recommendation of the Regulatory Review Commission: The Health and Hospital regulatory enforcement staff should apply applicable state and federal rules in the area of occupational health and fire and building safety when a significant public health or safety risk exists and when no other government agency enforces those rules. Staff should coordinate its application of those state rules with the appropriate governmental agency.”

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Enforcement of indoor air quality standards

Gen. Ord. No. 16-1996(A), Section 5. (*Effective December 1, 1996*)

“The Board considers and adopts the following recommendation of the Regulatory Review Commission: Health and Hospital should conduct educational or consultative activities in the area of indoor air quality. However, when a public health risk is presented by an indoor air contaminant, Health and Hospital should take enforcement action; provided that enforcement actions by Health and Hospital should not duplicate action taken by any other government agency.”

Inspection Fees for Public Pool and Spa and Child Care Facility

Gen. Ord. No. 17-1996(A), Section 10. (*Effective November 1, 1996*)

“The Regulatory Review Commission recommended that inspection and related costs of Health and Hospital should be recovered from persons who chronically fail to timely comply with The Code, thereby forcing staff to conduct additional reinspections. The Board concurs that enhancing cost recovery in this area is worthwhile, so long as the program has a net neutral impact on revenue. The Board, therefore, directs the staff of the Bureau of Environmental Health to design and pilot a cost recovery program in its public pool and spa and child care facility program. The pilot project shall be limited to pools and spas operated year around only. Components of this pilot program should include:

1. Establish a base number of regular or complaint inspections per year per facility
2. Establish a base number of necessary, unavoidable reinspections per violation, (A reinspection is performed to ensure corrections of problems identified during the regular inspection.) and
3. All subsequent avoidable reinspections should be charged to the facility as its expense.

“The staff should report to the Public Health Committee of the Board no later than July 1, 1997 its findings and recommendations for continuation and possible expansion of the program; the amount of costs recovered during the pilot program should be reported as well.”