EXHIBIT 2[1]

MONTEFIORE HOSPITAL & MEDICAL CENTER

Inspection report of the

_____
Name of company

_____
Date

_____
Inspector

I. General Information:
A. Name of company: _____
B. Address: _____
(Street)
_____
(City) (Zone) (State)
C. Type of ownership: _____
D. Name of owner(s): _____
E. Location of plant:
1. Part of city: _____
2. Appearance of surrounding neighborhood: _____
_____
_____
F. Brief description of plant:
1. Number of buildings: _____
2. Approximate size: _____
3. General appearance of buildings: _____
_____
_____
4. If located within another building, describe briefly:
_____
_____
_____
G. List name and title of person interviewed: _____
_____

II. Information of physical plant:
A. Floor:
1. General appearance: _____
2. Maintenance (Wet-pickup, waxed, etc.) _____
3. Use of disinfectants: _____
B. Walls:
1. General appearance: _____
2. Maintenance: (with or without disinfectant:) _____
C. Ceiling:
1. Height: _____
2. General appearance: _____
D. Lighting:
1. Type: _____
2. Adequacy: _____
E. Ventilation (Number of windows and size, fans, air conditioning):
_____
_____
F. Over-all maintenance:
1. Dust control system: _____
2. Dust (On top of cabinets, around radiators, etc.): _____
_____
3. General appearance: _____
4. Is there a planned program of vermin control? (Yes___No___)
If so, elaborate briefly_____
_____
G. List name and title of person interviewed:
_____

[1] Exhibit 1, Montefiore Hospital and Medical Center Formulary System, has been retained in committee files.