

Baseline Capacity Assessment - “Administration” PDF Information

Public Health Excellence (PHE) Grant Program Partners, thank you for taking this PHASE 1 (of 3) - Baseline Capacity Assessment. Please see below for more information regarding how the survey PDFs you received can be of assistance when completing the Baseline Capacity Assessment.

Utilizing this PDF

- For convenience, we have broken the survey down by topic area and created section-specific PDFs (*Administration, Disease Control and Prevention, Environmental Health, & Tobacco Use Prevention*).
- This section-specific PDF includes a Table of Contents that lists all topic areas (*ex. Agriculture, Community Planning, Organization, etc.*) within the PDF. Please note that you may click on the survey questions next to the topic area of interest in order to move directly to those questions within the PDF.
- This PDF is editable, so partners can provide their responses directly in the document or through another method such as print, email, phone call, etc. Please select only one choice for each survey question, unless the question specifies you may select more than one response option.
 - Please note that in order to save your responses when editing the PDF, you must save the file to your computer. Once completed, return this document to the individual who sent you the PDF.
- The survey uses skip logic to advance past follow-up questions that are not relevant to you. The PDF will indicate when skip logic should be utilized to continue through the survey. Instructions in **BLUE** are attached to questions with skip logic.

If you have any questions on how to complete the survey, utilize the PDFs, and/or need support, please reach out to Michelle Surdyk (michelle.k.surdyk@state.ma.us) using the subject line “Survey Help”.

Administration - PDF Table of Contents

Administration

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Administration

Administrative

* 5. In the last five years, has your Health Department/Board of Health filed with the Department of Environmental Protection (DEP) attested copies of sanitary codes, all rules, regulations, and standards which have been adopted, and any amendments and additions for the maintenance of a central register in accordance with section eight of chapter twenty-one A AND can provide documentation of submittal? (M.G.L. c. 111, s. 31).

- | | |
|---|---|
| <input type="radio"/> Yes | <input type="radio"/> No - Lack of funding (not staffing related). |
| <input type="radio"/> No - More staff required. | <input type="radio"/> No - I was not aware of this requirement. |
| <input type="radio"/> No - Additional training needed. | <input type="radio"/> Not applicable - We have not had any new sanitary codes, rules, regulations, or standards which have been adopted, or any amendments and additions to the maintenance of a central register in accordance with section eight of chapter twenty-one A in the last five years. |

* 6. In the last five years, has your Health Department/Board of Health held a public hearing, of which notice was published in a local newspaper, regarding regulations or amendments to regulations that relate to the minimum requirements for subsurface disposal of sanitary sewage as provided by the state environmental code? (M.G.L. c. 111, s. 31)

- | | |
|---|---|
| <input type="radio"/> Yes | <input type="radio"/> No - Lack of funding (not staffing related). |
| <input type="radio"/> No - More staff required. | <input type="radio"/> No - I was not aware of this requirement. |
| <input type="radio"/> No - Additional training needed. | <input type="radio"/> Not applicable - We have not had any new regulations or amendments to regulations that relate to the minimum requirements for subsurface disposal of sanitary sewage in the last five years. |

If "**YES**" - [Continue to Question 7.](#)

If "**NO**" - [Continue to Question 8.](#)

If "**NOT APPLICABLE**" - [Continue to Question 8.](#)

* 7. At a public hearing, prior to the adoption of any such regulation or amendment which exceeds the minimum requirements for subsurface disposal of sanitary sewage as provided by the state environmental code, does your Health Department/Board of Health state the local conditions which exist or reasons for exceeding such minimum requirements? (M.G.L. c. 111, s. 31)

- | | |
|---|---|
| <input type="radio"/> Yes | <input type="radio"/> No - Lack of funding (not staffing related). |
| <input type="radio"/> No - More staff required. | <input type="radio"/> No - I was not aware of this requirement. |
| <input type="radio"/> No - Additional training needed. | |

* 8. Does your Health Department/Board of Health annually publish a list of hazardous chemicals present in the municipal water supply in concentrations greater than fifty percent of the suggested action guidelines (*the suggested no adverse response levels or the maximum contaminant levels established by the United States Environmental Protection Agency*) AND post the list in a town or city hall and at the offices of the Water Department? (M.G.L. c. 111, s. 26F)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.
- Not applicable** - Our Health Department/Board of Health does not accept the provisions of M.G.L. c. 111, s. 26F.

* 9. In the last five years, has your Board of Health appointed Agents or Directors of Public Health to act on behalf of the Board of Health in cases of emergency or if the Board of Health could not conveniently assemble? (M.G.L. c. 111, s. 30)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.
- Not applicable** - Our staff are not appointed by the Board of Health. OR There was not a need to do this in the last five years.

If "YES" - [Continue to Question 10.](#)

If "NO" - [Continue to Question 11.](#)

If "NOT APPLICABLE" - [Continue to Question 11.](#)

* 10. Within two days, does the appointee report to the Board of Health on actions performed in case of emergency on behalf of the Board of Health? (M.G.L. c. 111, s. 30)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.

* 11. In the last five years, has your Health Department/Board of Health made reasonable health regulations? (M.G.L. c. 111, s. 31)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this authority.
- Not applicable** - We have not needed to make reasonable health regulations in the last five

Administration

Agriculture

* 12. Prior to enacting any regulation that impacts (i) farmers markets; (ii) farms; (iii) the non-commercial keeping of poultry, livestock or bees; or (iv) the non-commercial production of fruit, vegetables or horticultural plants, does your Health Department/Board of Health provide the municipal Agricultural Commission with a copy of the proposed regulation and a 45-day review period? (M.G.L. c. 111, s. 31)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware of this requirement.
- Not applicable** - Our municipality does not have an Agricultural Commission.

* 13. Does your Board of Health nominate Animal Inspectors? (M.G.L. c. 129, s. 15)

- Yes**
- No** - More staff required.
- No** - Additional training needed.
- No** - Lack of funding (not staffing related).
- No** - I was not aware the Board of Health had this authority.
- Not applicable** - Our Board of Health has not assumed responsibility to nominate Animal

Administration

Community Planning

* 14. In the last five years, within 45 days after submission of a preliminary plan for residential and nonresidential subdivisions, has your Health Department/Board of Health notified the applicant and the town or city clerk by certified mail or directly by hand with a certificate of service that the plan has either:

(1) been approved, or that the plan has been approved with modifications suggested by the Health Department/Board of Health or agreed upon by the person submitting the plan

OR

(2) the plan has been disapproved, and in the case of disapproval, the Health Department/Board of Health provided detailed reasons

(M.G.L. c. 41, s. 81S)

- | | |
|---|---|
| <input type="radio"/> Yes | <input type="radio"/> No - Lack of funding (not staffing related). |
| <input type="radio"/> No - More staff required. | <input type="radio"/> No - I was not aware of this authority or requirement. |
| <input type="radio"/> No - Additional training needed. | <input type="radio"/> Not applicable - We have not been asked to review plans by the Planning Board. OR We have not received any new submissions in the last five years. |

Industrial Establishment Violations

* 15. In the last five years, upon receiving a written complaint (*any act, neglect or fault in relation to any drain, water closet, earth closet, privy, ash pit, water supply, nuisance or other matter in any industrial establishment*) from an Inspector (*e.g. municipal, state, or industry inspector*) regarding an industrial establishment, did your Health Department/Board of Health investigate and enforce the associated laws? (M.G.L. c. 149, s.136)

- | | |
|---|--|
| <input type="radio"/> Yes | <input type="radio"/> No - Lack of funding (not staffing related). |
| <input type="radio"/> No - More staff required. | <input type="radio"/> No - I was not aware of this authority or requirement. |
| <input type="radio"/> No - Additional training needed. | <input type="radio"/> Not applicable - We have not received a written complaint from an Inspector in the last five years. |

Preventing Gas and Electric Shut Off

* 16. In the last five years, to avoid service shut off, has your Health Department/Board of Health certified in writing to gas and electric companies any residences where a serious illness existed and the customer could not afford to pay an overdue bill because of financial hardship? (M.G.L. c. 164, s.124A)

- | | |
|---|---|
| <input type="radio"/> Yes | <input type="radio"/> No - Lack of funding (not staffing related). |
| <input type="radio"/> No - More staff required. | <input type="radio"/> No - I was not aware of this requirement. |
| <input type="radio"/> No - Additional training needed. | <input type="radio"/> Not applicable - Our Health Department/Board of Health has not received such a request in the last five years. |

Administration

Organization

* 17. In six of the last twelve months, has your Board of Health consisted of at least three individuals and, if you are in a city, one of whom is a physician? (M.G.L. c. 111, s. 26)

- | | |
|---|---|
| <input type="radio"/> Yes | <input type="radio"/> No - Lack of funding (not staffing related). |
| <input type="radio"/> No - More staff required. | <input type="radio"/> No - I was not aware of this requirement. |
| <input type="radio"/> No - Additional training needed. | <input type="radio"/> Not applicable - We are authorized by special legislative act or by the acceptance of sections twenty-six A to twenty-six E, inclusive to not have a three person Board of Health. |

* 18. Does your Board of Health annually organize and elect a Chairman, as recorded in your meeting minutes? (M.G.L. c. 111, s. 27)

- | | |
|---|---|
| <input type="radio"/> Yes | <input type="radio"/> No - Lack of funding (not staffing related). |
| <input type="radio"/> No - More staff required. | <input type="radio"/> No - I was not aware of this requirement. |
| <input type="radio"/> No - Additional training needed. | <input type="radio"/> Not applicable - Our municipality does not have a Board of Health. |

* 19. In your city, has the mayor, with the approval of city council (unless otherwise provided in the city charter) ever appointed a Commissioner of Health; OR in your town, has the board of selectmen, if authorized by a vote of the town, ever appointed a Commissioner of Health? (M.G.L c.111, s. 26B)

- | | |
|----------------------------------|--|
| <input type="radio"/> Yes | If " YES " - Continue to Question 20. |
| <input type="radio"/> No | If " NO " - Continue to Question 21. |

