



THIS IS TO CERTIFY THAT

**ARROWHEAD REGIONAL MEDICAL CENTER'S
Environmental Services**

**HAS BEEN REVIEWED AND UPDATED
AS NEEDED**

<u>Stephen Crowe</u> Department Manager	<u>[Signature]</u>	<u>8-2-19</u> Date
Department Chair (if applicable)	Wesley Toh	Date
<u>WToh</u>		<u>8-2-19</u>
Associate Hospital Administrator (if applicable)		Date
Chief Nursing Officer (if applicable)		Date
Chief Medical Officer (if applicable)		Date
<u>[Signature]</u> Chief Executive Officer		<u>8/2/19</u> Date
Chair, Board of Supervisors		Date