

INSPECTION FORM



ALL PROGRAMS MUST BE INSPECTED.

Complete inspection form including detailed notes where applicable, especially in case of a failure. Use the designated section at the end of the form to provide detail on all failing marks. Use a separate Inspection Form for each housing location inspected. **Return all completed forms to AzRHA Treasurer by email at info@myazrha.org or by fax within 48 hours of inspection completion. \$50 Inspection Fee per Program, not per location.**

1. Name of Program Being Inspected: _____ 2. Number of Beds at this Location: _____
3. Address of Program: *(Use a different form for each location)*: _____ City: _____ Zip: _____
4. Billing Address *(if different than above)*: _____
5. Contact Person: _____ 6. Phone #: _____ 7. Email: _____
8. Date of Inspection: _____
9. Time of Inspection: _____ 10. Name of Inspectors from two different programs *(2 must be present)*: _____

Safety and Health Standards				
# to Reference for Notes	✓ if Pass	✓ if Fail	✓ if N/A	Quality Standard for Inspection
1				Smoke alarms installed in every room.
2				Fire evacuation maps posted in conspicuous locations throughout the home.
3				Current tagged fire extinguishers in kitchen and dining areas.
4				Clean, cosmetically maintained, and debris free yards, living areas, bedrooms, and driveways.
5				OSHA approved extension cords and GFI plugs in bathrooms, kitchen, and pool areas, as required.
6				Water heater valves checked annually. **This is a self-report item.
7				Emergency contact information posted in conspicuous location.
8				Five residents maximum per properly operating bathroom, excluding one staff member.
9				Attic access clear of debris.
10				Motor vehicles stored per city code.
11				Properly inspected and operational heating and cooling systems.
12				Fully functional and clean kitchen and bathrooms.
13				Adequate food storage space for residents.
14				Property address clearly visible on property.
15				Proper disposal areas for cigarettes.
16				No open flames, no fire hazards, smoke free environment.

Operations and Management Standards				
Standard # for Reference	✓ if Pass	✓ if Fail	✓ if N/A	Quality Standard for Inspection*
				All program policy documents should be stored in a binder easily accessible to residents.
17				Clearly defined written policies, rules, and regulations, copies provided prior to inspection.
18				Clearly defined written consequences for infractions of program policies, rules, and regulations, copies provided prior to inspection.
19				Written non-discrimination policy, copies provided prior to inspection.
20				Clearly defined written grievance procedure policy, copies provided prior to inspection.
21				Clearly defined written discharge policy, copies provided prior to inspection.
22				Self-administration of medication policy. **This is a self-report item.
23				Program is able to articulate disposal methods for illegal drugs/medications on property.
24				House rules and regulations are posted in conspicuous location.
25				Program conducts random urine testing and breathalyzer tests.
26				Participants are required to attend 12 Step or other comparable recovery program.
27				Program holds, at minimum, weekly mandatory resident meetings.
28				Recovery resource material is available to participant.
29				Program maintains personal information for each participant, example provided prior to inspection.
30				Program staff conducts regular internal safety and health inspections.
31				Program provides intake orientation and subsequent reviews.
32				Program has a sign in/out board to track participants and registers all guests.
33				Program is able to articulate minimum sober time required for staff and articulate training/support offered to staff to ensure he/she is capable of managing house.
34				Management and house leaders sign and abide by a code of ethics.
35				Program is in compliance with the Federal Fair Housing Act. **This is a self-report item.
36				First aid kit is located on property. One kit per Program

Detailed Notes, Required for Failing Items – Use Back of Sheet or Additional Page, if Necessary		
	List # of standard from above for failed items	Explain in detail why the standard failed inspection and provide <u>DETAILED</u> information regarding corrections required to earn a passing score at re-inspection. Inspector to initial and date items below that have been resolved and items that have passed re-inspection.
	Item	Date passed: _____ Signature: _____