



Tennessee Association of Recovery Residences

On-Site Assessment

Date: _____ Inspector(s): _____

House Name and Address: _____

Telephone: _____ Fax/Email: _____

Describe type of house (check all that apply) ____ 2 Story ____ SFH ____ Apt. Other: _____

Neighborhood location: (circle all that apply) Quiet Residential Commercial Rural Beach

If you have an HOA, are you connected, and do they know who you are and what you do? Yes/No/NA

Population (circle one): Men Women Women w/ children

Total number of Beds: _____ Are you approved per codes & zoning: Yes/No

Assessment Point: Health

Comments

Do you have regularly scheduled pest control services?	Yes/No
Are the Kitchen and appliances clean and well maintained?	Yes/No
Are there assigned/designated food storage space per resident?	Yes/No
Is the environment free of piles of papers, clothes, or materials that may create a fire or be a safety hazard?	Yes/No
Are bathrooms clean and orderly?	Yes/No
Are the bathrooms adequate to serve the maximum population? (one toilet/shower per 6 residents & does the hot water work & are there paper towels and soap near all sinks)?	Yes/No
Are the furniture and furnishings clean & of good quality?	Yes/No
Do all sleeping rooms provide all residents with 50 square feet of space?	Yes/No
Do all residents have an assigned/designated dresser and closet space to store their clothing and other personal items?	Yes/No

Assessment Point: Safety

Comments

Do smoke detectors meet the minimum city/county requirements?	Yes/No
Do fire extinguishers meet minimum city/county requirements?	Yes/No
Are there evacuation plans posted?	Yes/No
Are there at least two properly identified exits in case of emergencies?	Yes/No
Smoking is not recommended inside the houses. If residents smoke in the house, is smoking prohibited in areas that could be considered a fire hazards?	Yes/No
Are there approved safety disposal containers for smoking materials?	Yes/No
Is the environment free from extension cords and overloaded outlets to prevent a potential fire hazard?	Yes/No
Does the environment appear to meet local building/safety codes?	Yes/No

Corrections Needed:



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Physical Inspection: House has (circle): Passed Passed pending corrections Not passed

***If corrections are indicated above they must be completed before the next scheduled inspection. House Is PENDING if fees are due or an Assessment has been re-scheduled for corrections. These can result in being removed from the internet listing. Once action items (*) are corrected, copies of the corrected inspection need to be returned and signed to the office at the address or fax number. If a subsequent Assessment is required, an appointment will be made. If no corrections are noted please place in your file as part of your affiliate correspondence.**

Manager/Owner: _____ **Date:** _____

Inspector(s) Signature: _____ **Date:** _____

Assessment Point: Paperwork

Comments

Is there a mission and vision listed in paperwork?	Yes/No
Is there a written statement of the resident admission/discharge criteria?	Yes/No
Is there a Personal Data Information Sheet for each resident? (to help track stats)	Yes/No
Are there resident rights and responsibilities listed in a handbook?	Yes/No
Are resident guidelines clear and concise?	Yes/No
Do you have a copy of liability insurance?	Yes/No
Is there a medication policy that includes methods for medication storage?	Yes/No
Is there a drug screen policy?	Yes/No

Corrections Needed:

Paperwork/Policies (circle): Passed Passed pending corrections Not passed

Reviewed Paperwork (print name): _____ Date: _____

Signature of Paperwork Reviewer: _____

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