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: Living/Cleanliness***

|  |  |
| --- | --- |
| **Exterior Space (NARR 18.A, 14A)** | ☐There is no interior furniture being used as outdoor furniture.☐Residents are parking their cars in permitted areas.☐ Property is smoke-free OR there is a designated space for smoking outside.☐ The yard is free from garbage and other debris. ☐The entrances and exits are in good repair and safe. ☐Residents are not locked in or locked out |
| **Living Rooms/ Common Space (NARR 22.a, 19.A, 15, 14.A, 7.A)** | ☐Residents can use the common areas when they would like for informal activities and daily living. ☐There is a space can comfortably hold a house meeting with everyone in the house present. ☐Space can be used and appropriate for entertainment and informal activities. ☐Resident handbook/binder or postings are in a common space. Resource directories are also in common space. |
| **Furniture (NARR 15 14.B, 14.A)** | ☐The furniture in the house is in good condition. (Examples: free from holes and stains, no missing cushions)☐The furniture is typical of a residential house, as opposed to an institution. (Example: sofas and armchairs vs. folding chairs)☐Furniture and other items are used for intended purpose.  |
| **Kitchen and Dining (NARR 15, 14.G, 14.A)** | ☐Each resident has dry food storage space.☐There is at least one refrigerator for every five residents.☐Appliances are in good condition and work appropriately. ☐Residents may use kitchens to prepare meals and snacks when they want. ☐If there are gas appliances, there is a carbon monoxide detector in the kitchen.☐A fire extinguisher is in plain sight or in a clearly marked location. ☐Residents store food in kitchen and dining areas, as opposed to in individual rooms.Number of Refrigerators: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refrigerator to Resident Ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cleanliness (NARR14.a)** | ☐ House chores appear to be followed. (Examples include the following) ☐Common areas are free from excessive clutter, dust, and dirt. ☐Bathrooms have been recently cleaned, showers, tubs and sinks are clean and free from mildew.  ☐Food is stored is designated areas, food waste is disposed of appropriately.  ☐Dishes are clean and stored appropriately. ☐Interior paint is well-maintained. (Example: walls are free from large holes and stains)☐Carpet, rugs, and other flooring are in good condition. (Example: free from stains or excessive wear)☐House has adequate cleaning supplies to engage in frequent cleaning of high touch surfaces. ☐Each sink has supplies appropriate for handwashing: ☐soap and ☐clean towels or paper towel |

|  |  |
| --- | --- |
| **Laundry (NARR 14.h, 14.A)** | ☐A washer and dryer are provided for resident use ☐If dryer is provided, it is vented outside OR☐Residents can access a local laundromat (it is affordable, and transportation is available.☐A fire extinguisher is in plain sight or in a clearly marked location.  |

|  |  |
| --- | --- |
| **Bathrooms (NARR 14, E, 14.A)** | ☐ There is at least one sink, shower, and toilet per six residents. **Bathroom to Resident Ratio**: ­­­­­­­☐ Bathroom fixtures are in good working condition**Total Sinks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Showers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total Toilets:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Bedrooms (**NARR 14.F, 14.D, 14.A**)** | \* Square foot requirement: at least 50 square feet for first resident and 50 square feet for each additional resident.\*\*Egress – for rooms on first and second floor – there is a window that opens, for rooms in the basement and third floor refer to certificate of occupancy☐Each person has a bed☐Each person has storage space☐There is a smoke detector☐There is an Egress\*\*☐Meets area requirement\*sq ft: |

***Assessment Point: Safety***

|  |  |
| --- | --- |
| **Safety (NARR 19.D, 17.C, 14.i, 14.A)** | ☐ Any external buildings (such as sheds and garages) are in good repair. ☐ There are no overloaded electrical outlets.☐Extension cords are used appropriately. (Example: not being used to bring electricity from one room to another or running over a common walking space)☐ The pathway out of the house in case of emergency is either obvious, or there are evacuation maps and exit signs posted. (All Level III and Level IV houses must post signs and maps)☐ There is nothing obstructing a resident from evacuating the building in case of an emergency. (Such as windows that have been sealed shut, or exterior doors that require a key to exit, furniture blocking egress) ☐All cooking appliances are stored appropriately.☐ Light switches, electrical outlets, vents, etc. have appropriate covers. ☐ Ceilings are in good condition with no leaks, holes, or other signs of disrepair.☐ There are no loose or missing tiles in the bathrooms or kitchen. ☐ Flooring is in good condition and free from trip hazards. (Examples: torn or loose carpet, missing floorboards)☐House has hot water, heat, and electricity. ☐Naloxone is kept in the house where residents can access it.☐Smoke detectors meet the minimum city/county requirements☐Do fire extinguishers meet minimum city/county requirements☐ Smoking is not recommended inside the houses. If resident’s smoke in the house, is smoking prohibited in areas that could be considered a fire hazard.☐ the environment appears to meet local building/safety codes  |

# Corrections Needed:

### 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 inbeing 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? Yes/No (to help track stats)

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:

**\*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 inbeing 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.**