



# 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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