

Office of Licensing, Certification, & Regulation (OLCR), 077F • P.O. Box 6123, Phoenix, AZ 85005 • (602) 771-4861

LIFE-SAFETY INSPECTION REPORT

Name: _____ Date: _____ Time: _____
 Address: _____ New Application Address Change
 City: _____ Zip: _____ Renewal Special Request
 Telephone: _____ Licensing/Certification Agency: _____
 Developmental Setting: HCBS Certified Respite Day Program Therapy

General Conditions & Cleanliness (R6-18-702):	YES	NO	Inspector's Comments	Date Corrected
1. Interior & exterior in good repair and free of damage that poses a hazard.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Play areas and therapy equipment are in good repair.....	<input type="checkbox"/>	<input type="checkbox"/>		
3. Setting is clean to the degree that the condition does not constitute a hazard.....	<input type="checkbox"/>	<input type="checkbox"/>		
4. Garbage is removed from the setting & premises at least once each week.....	<input type="checkbox"/>	<input type="checkbox"/>		
5. The setting and outside play areas are free of insect and rodent infestation.....	<input type="checkbox"/>	<input type="checkbox"/>		
Safeguarding Hazards (R6-18-703)				
1. Setting has a system to lock highly toxic substances.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Setting has a system to safeguard cleaning supplies.....	<input type="checkbox"/>	<input type="checkbox"/>		
Specify system for safeguarding: _____				
3. Weapons are safeguarded..... <input type="checkbox"/> No weapons on premises	<input type="checkbox"/>	<input type="checkbox"/>		
4. Firearms are locked in an unbreakable container <input type="checkbox"/> No firearms on premises	<input type="checkbox"/>	<input type="checkbox"/>		
5. Firearms are trigger-locked or rendered inoperable <input type="checkbox"/> No firearms on premises	<input type="checkbox"/>	<input type="checkbox"/>		
Number of firearms identified on the premises: _____				
6. Ammunition is locked separate from firearms..... <input type="checkbox"/> No ammunition on premises	<input type="checkbox"/>	<input type="checkbox"/>		
7. Bathtubs/showers and ramps have slip resistant surfaces.....	<input type="checkbox"/>	<input type="checkbox"/>		
8. Handrails and grab-bars are securely attached and stationary..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
9. Skirting is intact around the base of the setting, if a mobile home..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
10. Animals do not pose a hazard due to behavior, disease, etc..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
11. Evidence is available in the setting for each dog's current rabies..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
Vaccinations: _____				
Storage of Medication (R6-18-704):				
1. Prescription and over-the-counter medications in the setting are locked in a securely fastened storage container.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Medications that must be readily available or may be accessed per an individual's case plan are safeguarded..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
3. Medications that must be refrigerated are locked, without preventing access to refrigerated food..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
Safe Appliances (R6-18-705):				
1. Appliances for refrigerating & cooking food are functioning and safe.....	<input type="checkbox"/>	<input type="checkbox"/>		
Refrigerator temperature: _____ °F				
2. Setting has sufficient lighting to perform normal activities in bedrooms and living/program areas.....	<input type="checkbox"/>	<input type="checkbox"/>		
3. Setting has adequate heating, cooling, & ventilation in bedrooms and living/program areas.....	<input type="checkbox"/>	<input type="checkbox"/>		
Interior temperature: _____ °F				
4. Setting has an operable telephone.....	<input type="checkbox"/>	<input type="checkbox"/>		
5. The clothes dryer is safely vented with a non-flammable vent hose..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
6. Each portable heater meets the following standards..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
YES NO				
<input type="checkbox"/> <input type="checkbox"/> Electric, UL Approved, and equipped with a tip-over shut-off switch				
<input type="checkbox"/> <input type="checkbox"/> Has a protective covering for the heating element				
<input type="checkbox"/> <input type="checkbox"/> Is placed at least 3 ft. from flammable object when in use				
<input type="checkbox"/> <input type="checkbox"/> Is not used in bedrooms or as the primary source for heat in the setting				
7. A carbon monoxide detector is installed on each level that has a fuel-burning appliance or heating device..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical Safety (R6-18-706):				
1. Electricity/wiring appears safe.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Light sockets have light bulbs/are safely covered to prevent electrical shock.....	<input type="checkbox"/>	<input type="checkbox"/>		
3. Interior and exterior electrical panels and outlets are covered and have no exposed wiring.....	<input type="checkbox"/>	<input type="checkbox"/>		
4. Electrical outlets are not overloaded.....	<input type="checkbox"/>	<input type="checkbox"/>		
5. Electrical cords are in good condition; no broken or frayed cords are in use.....	<input type="checkbox"/>	<input type="checkbox"/>		
6. Extension cords are not used on a permanent basis.....	<input type="checkbox"/>	<input type="checkbox"/>		
7. Mid-sized appliances are plugged into grounded outlets/power strips.....	<input type="checkbox"/>	<input type="checkbox"/>		
8. Major appliances are plugged directly into grounded outlets.....	<input type="checkbox"/>	<input type="checkbox"/>		

		YES	NO	Inspector's Comments	Date Corrected
Plumbing (R6-18-707):					
1.	The setting has a continuous source of safe drinking water.....	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Hot water temperature in areas for bathing does not exceed 120°F.....	<input type="checkbox"/>	<input type="checkbox"/>		
	Hot water temperature: _____ °F				
3.	Sewage disposal is functioning with no visible signs of leakage.....	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Setting has at least 1 working toilet, sink, and tub/shower per 10 residents	<input type="checkbox"/>	<input type="checkbox"/>		
	Number of working toilets: _____ shower/tubs: _____ bathroom sinks: _____				
Fire Safety (R6-18-708):					
1.	Flammables/combustibles are stored more than 3 feet from the hot water heater and other heat sources.....	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Working fireplaces/wood stoves are protected by fire screens	<input type="checkbox"/>	<input type="checkbox"/>	NA	
3.	Setting has at least one functioning fire extinguisher with a minimum rating of 2A: 10BC on each level.....	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Setting has at least one working smoke detector on each level.....	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Setting has at least one working smoke detector in each bedroom	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Setting has an emergency evac. plan which meets the following standards	<input type="checkbox"/>	<input type="checkbox"/>		
	YES NO				
	<input type="checkbox"/> <input type="checkbox"/> Identifies two routes to evacuate from bedrooms used for care				
	<input type="checkbox"/> <input type="checkbox"/> Identifies the location of fire extinguishers & fire evacuation equipment				
	<input type="checkbox"/> <input type="checkbox"/> Designates a safe meeting place outside the setting				
	<input type="checkbox"/> <input type="checkbox"/> Is maintained in the setting				
7.	Exits from the setting are unobstructed.....	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Bedrooms used for care must have an exit that opens directly to the outside	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Locks/bars on windows in bedrooms used for care and on doors leading to the outside have a quick release mechanism.....	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Settings providing care to 6 or more individuals practice and document an evacuation drill at least once every 3 months	<input type="checkbox"/>	<input type="checkbox"/>	NA	
11.	The address for the setting is posted and visible from the street	<input type="checkbox"/>	<input type="checkbox"/>	NA	
Pools and Spas (R6-18-709):					
1.	Pools are maintained, not stagnant, & are clear enough to see through the water to the bottom surface of the pool	<input type="checkbox"/>	<input type="checkbox"/>		
2.	If water is deeper than 4 ft., a shepherds crook & ring buoy with attached rope are available in the pool area	<input type="checkbox"/>	<input type="checkbox"/>	NA	
3.	The enclosure/fence meets the following standards:.....	<input type="checkbox"/>	<input type="checkbox"/>	NA	
	YES NO				
	<input type="checkbox"/> <input type="checkbox"/> The exterior side of the fence is at least 5 ft. high with no foot/handholds				
	<input type="checkbox"/> <input type="checkbox"/> If chain link, the mesh measures less than 1 3/4" horizontally.....	<input type="checkbox"/>	<input type="checkbox"/>	NA	
	<input type="checkbox"/> <input type="checkbox"/> Openings measure less than 4 inches				
	<input type="checkbox"/> <input type="checkbox"/> Gates are self-closing, self-latching and open away from the pool				
	<input type="checkbox"/> <input type="checkbox"/> The gate latch is at least 54" above the ground				
	<input type="checkbox"/> <input type="checkbox"/> The gate to the enclosure is locked				
4.	If the setting constitutes part of the enclosure, the following standards are met	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> NA - No part of the setting is inside or connected to the pool fence				
	YES NO				
	<input type="checkbox"/> <input type="checkbox"/> The fence does not interfere with safe egress from the setting				
	<input type="checkbox"/> <input type="checkbox"/> A door from the setting does not open within the pool enclosure				
	<input type="checkbox"/> <input type="checkbox"/> A window in a bedroom designated for an individual receiving care is not positioned within the pool enclosure				
	<input type="checkbox"/> <input type="checkbox"/> Other windows within the pool enclosure are permanently secured to open no more than 4 inches				

This inspection represents the condition of the setting only on the date and time of the inspection.

The setting was in full compliance with all safety measures evaluated by the OLCR Life-Safety Inspector.

The setting was not in full compliance with all safety measures and corrections are required.

Licensing agency must verify corrections OLCR must verify corrections Date full compliance verified by OLCR _____

Inspector's comments: _____

Inspector's Name (print) _____ Inspector's signature _____

I acknowledge that the findings of this inspection have been reviewed with me and I have been provided with a copy.

Provider's Name (print) _____ Provider's signature _____

Distribution : **ORIGINAL** – OLCR Inspector; **COPY** – Licensing/Certification agency; **COPY** – Care Provider

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