

(Revised 6/14)

Checklist for On-Site Visits

1. Is the vendor's facility within the catchment area as stated in the RFP? ____ Yes ____ No

Comments:

2. Does the vendor have current state and/or local operating licenses? ____ Yes ____ No

List the licenses posted:

3. Is the vendor in compliance with all applicable fire, safety, and health code certificates? ____ Yes ____ No

List the certificated posted:

4. Does the vendor's facility have private office space for counseling and a secured filing system which preserve confidentiality of client services? ____ Yes ____ No

Explain:

5. Are emergency contact procedures identified and described for clients posted? ____ Yes ____ No

Comments:

6. Does the vendor have a dedicated lavatory or lavatory that can be secured for collecting urine sample? Yes No

Describe the area:

7. Does the vendor have a secure room or locked refridgerator for the storage of urine specimens and collection/testing supplies? Yes No

Describe the area:

8. If applicable, does the vendor provide each inpatient resident with a bed and storage space for personal articles? Yes No

Comments:

9. Are written emergency and evacuation plans and diagrams posted? Yes No

Comments:

10. Are there smoke detectors on each floor? Yes No

Comments:

11. Is there a first aid kit at the vendor's facility as set forth in the American Red Cross Manual? Yes No

Comments:

12. Are client files segregated from other vendor records? Yes No

Explain:

13. Does the physical facility meet the requirements for any local service that was required in the RFP? Yes No

Explain:

14. Does the vendor's facility meet all additional requirements outlined in the RFP? Yes No

Comments: