

AzRHA INSPECTION for CERTIFICATION

NAME OF PROGRAM (legal name of entity):

NAME OF LOCATION BEING INSPECTED TODAY:

ADDRESS OF INSPECTED TODAY:

Number of beds at this	
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LEVEL I II III IV (CIRCLE ONE)

CONTACT PERSON NAME:

CONTACT PERSON PHONE NUMBER:

EMAIL ADDRESS OF PROGRAM FOR INVOICING

DATE OF INSPECTION:

TIME OF INSPECTION:

NAME OF INSPECTOR:

SIGNATURE OF INSPECTOR

THIS DOCUMENT MUST BE COMPLETED, SIGNED AND EMAILED WITH 48 HOURS OF INSPECTION TO: inspections@myazrha.org
Quality Standard for Inspection -All program policy documents should be stored in a binder easily accessible.

During Inspection, the Program will provide the Inspector with sufficient evidence of the following:

Organizational Documentation		Pass	Fail	Action Item if Fail
1	Proof of Legal Business Entity (Business License, Articles of Incorporation)			
2	Marketing Materials (Brochures, Flyers, business cards etc.)			
3	Acknowledgement Letter from Property Owner			
4	Program is in compliance with the Federal Fair Housing Act			
5	Liability Cover Policy and any other insurance policies			
6	Mission Statement			
7	Vision Statement			
8	Code of Ethics Statement			
9	Management has signed and abides by a Code of Ethics			
Policies and Procedures		Pass	Fail	Action Item if Fail
10	Confidentiality Policy & Procedure			
11	Hardship Scholarship Assessment Policy			

12	Policies Concerning Paid Work to Residents			
13	Good Neighbor Policy & Procedure			
14	Hazardous Items Search Policy & Procedure			
15	Policy of Resident Information to Provide to EMS			
16	Emergency/Non-Emergency Policy & Procedure			
17	Emergency/Non-Emergency Contact Sheet			
18	Medication Storage & Use Policy & Procedure			
19	Signed Attestation for Drug Testing			
20	Non-discrimination Policy			
21	Drug Testing Policy & Procedure including Frequency			
22	Reoccurrence of Use Policy & Procedure			
23	Discharge Policy & Procedure			
24	Grievance Policy & Procedure, including instructions to file with AzRHA			
25	Grievance Form			
26	Maintenance Repair Policy			
	Health and Safety	Pass	Fail	Action Item if Fail
27	Smoke alarms installed in every room (except kitchen)			
28	Fire evacuation maps posted in conspicuous locations throughout the home			
29	Current tagged fire extinguishers in kitchen and dining areas			
30	Clean, cosmetically maintained, and debris free yards, living areas, bedrooms, and driveways			
31	OSHA approved extension cords and GFI plugs in bathrooms, kitchen, and pool areas, as required			
32	Five residents maximum per properly operating bathroom, excluding one staff member.			
33	Attic access clear of debris			
34	Motor vehicles stored per city code			
35	Properly inspected and operational heating and cooling systems			
36	Fully functional and clean kitchen and bathrooms			
37	Maintenance Repair Request Forms			
38	Property address clearly visible on property			

39	Proper disposal areas for cigarettes			
40	No open flames, no fire hazards, smoke free environment			
41	Policy of disposal methods for illegal drugs/medications on property			
42	Program staff conducts regular internal safety and health inspections through Safety Self-Assessment Checklist			
43	First aid kit is located on property			
	Staffing Documentation	Pass	Fail	Action Item if Fail
44	Employee/Volunteer Background Screening Policy			
45	Program is able to articulate minimum sober time required for staff and articulate training/support offered to staff to ensure he/she is capable of managing house			
46	Staff/Management Contact Sheet			
47	Staffing/Peer Leadership Policy			
48	Staff/Peer Leadership Job Descriptions			
49	Sample Staffing Weekly Schedule			
	Resident Orientation Policy & Procedure	Pass	Fail	Action Item if Fail
50	Resident Screening Policy & Procedure			
51	Resident Orientation Policy & Procedure			
52	Resident Application			
53	Program Format (Phases, Stages)			
54	Sample Resident Weekly Schedule			
55	House Rules & Consequences			
56	Resident Rights & Requirements			
57	Participants are required to attend 12 Step or other comparable recovery program			
58	Program holds, at minimum, weekly mandatory resident meetings			
59	Adequate food storage space for residents			
60	Program maintains personal information for each resident			
61	Program provides intake orientation and subsequent reviews			
62	Program has a sign in/out board to track participants and registers all guests			
63	Program tracks outcome measures for residents, ie location prior to orientation and discharge type of housing, length of abstinence			
	Recovery Support Documentation	Pass	Fail	Action Item if Fail

64	Any forms, documents, and/or guides used to mentor or monitor a residents participation in the development of their recovery plan			
65	Recovery resource material is available to participant			
66	Community Resource Guide			