

NAME AND LOCATION OF COMPANY		MILES FROM LOCAL VA FACILITY		
FACILITY	TYPE OF BUILDING (CHECK TWO) <input type="checkbox"/> BRICK <input type="checkbox"/> FRAME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS BUILDING		BUSINESS/OCCUPATIONAL LICENSE CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	CONDITION OF BUILDING (CHECK TWO) <input type="checkbox"/> NEW <input type="checkbox"/> OLD <input type="checkbox"/> GOOD <input type="checkbox"/> POOR		JCAHO CERTIFIED IN GOOD STANDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	GENERAL CONDITION AND APPEARANCE (CHECK TWO) <input type="checkbox"/> CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> NEAT <input type="checkbox"/> CLUTTERED		FIRE EXTINGUISHER CHECKED MONTHLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLEANING & STORAGE AREA	GENERAL OVERALL APPEARANCE – CLEAN/NEAT	<input type="checkbox"/> Yes <input type="checkbox"/> No	CLEAN AREAS PROVIDES FOR SAFETY OF STAFF	<input type="checkbox"/> Yes <input type="checkbox"/> No
	BAGGED ITEMS TAGGED	<input type="checkbox"/> Yes <input type="checkbox"/> No	SUPPLIES FOR CLEANING READILY AVAILABLE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CLEAN/DIRTY SEPARATED	<input type="checkbox"/> Yes <input type="checkbox"/> No	EYE WASH SYSTEM AVAILABLE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	COMMENTS:			
VEHICLES	FIRE EXTINGUISHER IN EACH VEHICLE	<input type="checkbox"/> Yes <input type="checkbox"/> No	SAFE DISPOSAL OF HAZARDOUS WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	FIRE EXTINGUISHER CHECKED MONTHLY	<input type="checkbox"/> Yes <input type="checkbox"/> No	SAFETY FLARES/TRIANGLES IN EACH VEHICLE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	MAINTENANCE RECORDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	LICENSE, REGISTRATION - CURRENT/ACCURATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	VEHICLE CLEARLY IDENTIFIED, INCLUDING REQUIRED TAGS	<input type="checkbox"/> Yes <input type="checkbox"/> No	MEANS FOR SEPARATING CLEAN/DIRTY EQUIPMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	MEANS TO WASH HANDS IN VEHICLE	<input type="checkbox"/> Yes <input type="checkbox"/> No	NO SMOKING SIGN IN VEHICLE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DISPOSABLE GLOVES IN EACH VEHICLE	<input type="checkbox"/> Yes <input type="checkbox"/> No	FIRST AID KIT IN VEHICLE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PROTECTIVE GARMENTS IN EACH VEHICLE	<input type="checkbox"/> Yes <input type="checkbox"/> No	EYEWASH IN VEHICLE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DOT, IF APPLICABLE	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	COMMENTS:			
DELIVERY PERSONNEL	APPEARANCE – NEAT AND PROFESSIONAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	COMMUNICATION SKILLS DEMONSTRATED	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. PROFESSIONAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	STAFF ADEQUATELY DESCRIBES PROCEDURES	
	b. ID BADGES	<input type="checkbox"/> Yes <input type="checkbox"/> No	a. INSTRUCTION TO PATIENTS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. UNIFORMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. CLEANING PROCEDURES	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. SAFETY WEAR (IE: STEEL TOE SHOES)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	KNOWLEDGABLE ABOUT:		KNOWLEDGABLE ABOUT:	
	a. ENVIRONMENT OF CARE	<input type="checkbox"/> Yes <input type="checkbox"/> No	j. ELECTRICAL SAFETY	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. PATIENT RIGHTS/RESPONSIBILITIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) EXPOSURE TO LIQUID	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. UNIVERSAL SAFETY PRECAUTIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No	2) AMPERAGE	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. INFECTION CONTROL	<input type="checkbox"/> Yes <input type="checkbox"/> No	3) GROUNDING	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. GENERAL – STAIRS, THROW RUGS	<input type="checkbox"/> Yes <input type="checkbox"/> No	4) USE OF EXTENSION CORD	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. FIRE HAZARDS (SMOKING, OPEN FLAME)	<input type="checkbox"/> Yes <input type="checkbox"/> No	k. EQUIPMENT SAFETY	
	g. SMOKE ALARMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	1) USE OF GLOVES	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. EMERGENCY EXITS IN CASE OF FIRE.	<input type="checkbox"/> Yes <input type="checkbox"/> No	2) BAGGING OF EQUIPMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i. ROUTINE AND EMERGENCY RESPONSE PROCEDURES	<input type="checkbox"/> Yes <input type="checkbox"/> No	3) DISPOSAL OF GLOVES AND OTHER HAZARDOUS MATERIALS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS:				
RECORD REVIEW DOCUMENTATION FOUND	5% OR A MINIMUM OF 5 PT. RECORDS WILL BE REVIEWED FOR DOCUMENTATION OF:		EQUIPMENT RECORDS ON FILE	
	a. EMERGENCY/DISASTER EDUCATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	a. MANUFACTURER	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. PATIENTS RIGHTS/RESPONSIBILITIES	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. MODEL	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. INSTRUCTIONS IN USE/CARE OF EQUIPMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	c. SERIAL NUMBER	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. HOME VISITS	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. MAINTENANCE INSTRUCTIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. CONTINUING EDUCATION FOR PATIENTS & CAREGIVER	<input type="checkbox"/> Yes <input type="checkbox"/> No	e. ROUTINE MAINTENANCE DOCUMENTATION	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. HOME SAFETY/ENVIRONMENTAL INSPECTION	<input type="checkbox"/> Yes <input type="checkbox"/> No	RECALL PROCESS WITH NOTIFICATION OF PATIENT/VA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ON-GOING STAFF EDUCATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	EQUIPMENT IS CLEAN AND TAGGED APPROPRIATELY	<input type="checkbox"/> Yes <input type="checkbox"/> No
	QA PLAN - STAFF KNOWS OF QA PLAN/PROCESS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	INCIDENT REPORTING	<input type="checkbox"/> Yes <input type="checkbox"/> No		
COMMENTS:				

ADDITIONAL COMMENTS MAY BE ADDED TO BACK
FAX COPY OF COMPLETED FORM TO COTR

SIGNATURE OF INSPECTING OFFICIAL _____

DATE _____