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Facilities Planning & Safety Unit

Site Inspection Check List for:

Birthing Center Facility (BC) - OAR 333-076-0710

PR# _____ Date: _____ Inspector: _____

Provider: _____

Project: _____

Address: _____

Present at Site Inspection:

Intended Occupancy Date: _____

Required **PRIOR** to Approved Inspection:

RECEIVED?

YES NO NA

Certificate of Occupancy (CO) from governing jurisdiction

SITE INSPECTION:

EXTERIOR = Verify that the facility has installed:

YES NO NA

Doorways must be sized and arranged as to ensure the reasonable access of equipment in the event of the need for emergency transport.
333-076-0710 (5)

INTERIOR = Verify that the facility has installed:

OVERALL:

YES NO NA

Facility may be an adaptation of a house but must include:

Reception 333-076-0710 (1)(k)

Family Facilities 333-076-0710 (1)(k)

Kitchen Facilities 333-076-0710 (1)(f)

- Laundry Facilities (unless laundry done elsewhere) 333-076-0710 (1)(e)
- Hallways and doorways must be sized and arranged as to ensure the reasonable access of equipment in the event of the need for emergency transport. 333-076-0710 (5)
- Individual or Combined Toilet Facilities for: 333-076-0710 (1)(a)
 - Staff
 - Mothers
 - Families
- Bath facilities 333-076-0710 (1)(b)
- Space for resuscitation of the new born 333-076-0710 (1)(j)
- Adequate storage for:
 - Emergency equipment 333-076-0710 (1)(g)
 - Laboratory equipment and sterilizing, if applicable. 333-076-0710 (1)(i)
 - Separate storage for clean/sterile supplies and equipment 333-076-0710 (1)(h)
- Center must have an emergency plan: 333-076-0710 (4)
 - On premises
 - Available to all staff
 - Includes:
 - Fire Reporting Plan
 - Evidence of annual fire inspection
- Building & Equipment are kept clean & in good repair 333-076-0710 (1)

EXAM AREAS:

YES NO NA

- Facility must include examination areas 333-076-0710 (1)(d)
That have:
 - Adjacent or closely available handwashing sink 333-076-0710 (1)(c)
 - With single towel dispenser 333-076-0710 (1)(c)
- Provisions for the safe disposal of any bodily wastes that result from procedures performed in accordance with Centers for Disease Control and Prevention recommendations and state law. 333-076-0710 (3)

BIRTHING SUITE:

YES NO NA

Must have:

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate size to meet needs of procedures. 333-076-0710 (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adjacent or closely available hand washing sink 333-076-0710 (1)(c) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | With single towel dispenser 333-076-0710 (1)(c) |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provisions for the safe disposal of any bodily wastes that result from procedures performed in accordance with Centers for Disease Control and Prevention recommendations and state law. 333-076-0710 (3) |
| | | | |
| | | | Include the following with protective covers: 333-076-0710 (2)(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A good bed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mattress |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pillow |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Necessary bed coverings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of torn or unclean bed linen is prohibited 333-076-0710 (2)(c) |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confirm that after discharge of any client, the bed, bed furnishings, bedside furniture and equipment shall be thoroughly cleaned and disinfected prior to reuse. 333-076-0710 (2)(d) |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confirm mattress policy = Mattress shall be professionally renovated when necessary. 333-076-0710 (2)(d) |
| | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No towels, wash cloths, bath blankets, or other linen which comes directly in contact with the client shall be interchangeable from one patient to another unless it is first laundered. 333-076-0710 (2)(b) |