Site Inspection Check List for:
**Detox Rooms - OAR 333-535-0065**

PR# _______ Date: ________ Inspector: ________________________________

Provider: ____________________________________________________________

Project: _______________________________________________________________________

Address: __________________________________________________________________________

Present at Site Inspection: _______________________________________________________________________

Intended Occupancy Date: __________________________________________________________________________

Required **PRIOR** to Approved Inspection:

- Certificate of Occupancy (CO) from governing jurisdiction
- MEP Close-Out verification (if required)

**SITE INSPECTION:**

**INTERIOR =** Verify that the facility has installed:

**DETOX ROOMS:**

**YES**  **NO**  **NA**

In hospitals that provide drug or alcohol detoxification services the following shall be provided: 333-535-0065 (1)

- ☐ ☐ ☐ Minimum of one room provided
- ☐ ☐ ☐ Located to allow direct observation by nursing staff

- ☐ ☐ ☐ Windows shall be of security type that can only be opened by keys or tools that are under the control of staff. 333-535-0065 (1)(a)

- ☐ ☐ ☐ An adjoining or closely available toilet room and a hand-washing station serving detoxification patients only. 333-535-0065(1)(b)