Site Inspection Check List for:

Employees Facilities - OAR 333-535-0230

PR# __________ Date: __________ Inspector: ____________________________

Provider: ____________________________

Project: ____________________________

Address: ____________________________

Present at Site Inspection: ____________________________

Intended Occupancy Date: ____________________________

Required PRIOR to Approved Inspection: YES ☐ NO ☐ NA ☐

Certificate of Occupancy (CO) from governing jurisdiction ☐ ☐ ☐

MEP Close-Out verification (if required) ☐ ☐ ☐

SITE INSPECTION:

INTERIOR = Verify that the facility has installed:

EMPLOYEE FACILITIES:

YES ☐ NO ☐ NA ☐

In addition to the employees’ facilities such as locker rooms, lounges, toilets, or shower facilities called for in certain department, a sufficient number of such facilities as required to accommodate the needs of all personnel and volunteers shall be provided in accordance with the functional program. 333-535-0230