Site Inspection Check List for:

**Medical Records Unit - OAR 333-535-0200**

PR# __________ Date: __________ Inspector: ________________________________

Provider: __________________________________________________________________

Project: ___________________________________________________________________

Address: ___________________________________________________________________

Present at Site Inspection: ____________________________________________________

Intended Occupancy Date: ____________________________________________________

Required PRIOR to Approved Inspection:                                      RECEIVED?

Certificate of Occupancy (CO) from governing jurisdiction  YES NO NA

MEP Close-Out verification (if required)  YES NO NA

SITE INSPECTION:

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

**MEDCIAL RECORDS UNIT:**

The following rooms and areas shall be provided:

- Medical records administrator/technician office or space. 333-535-0200 (1)
- Review and dictating room(s) or spaces. 333-535-0200 (2)
- Work area for sorting, recording, or archiving records. 333-535-0200 (3)
- Storage area for records. 333-535-0200(4)