Site Inspection Check List for:
Occupational Therapy Department - OAR 333-535-0140

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

MEP Close-Out verification (if required)

SITE INSPECTION:

THERAPY SUITE:

The Occupational Therapy Suite shall contain the following elements:

- Office Space  333-535-0140 (1)
- Activities Area:  333-535-0140 (2)
- Hand wash station
- Facilities for collection of waste products prior to disposal
- Storage for supplies and equipment.  333-535-0140 (3)
- Ready access to patient toilet facilities  333-535-0140 (4)