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Facilities Planning & Safety Unit

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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?

YES NO NA

Certificate of Occupancy (CO) from governing jurisdiction

MEP Close-Out verification (if required)

SITE INSPECTION:

Therapy Suite:

YES NO NA

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)