Site Inspection Check List for:
**Hospital Licensed Outpatient Clinics - OAR 333-535-0086**

PR# __________  Date: _________  Inspector: _________________________________

Provider: ________________________________________________________________

Project: _________________________________________________________________

Address: __________________________________________________________________

Present at Site Inspection:

________________________________________________________________________

Intended Occupancy Date: _________________________________________________

Required PRIOR to Approved Inspection: RECEPTED?

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:

**OVERALL:**

This rule applies to Outpatient Clinics that are under the license of a general hospital and either physically connected or in freestanding, satellite locations, as defined by OAR 333-500-0010 (46)(a)

OAR 333-535-0085 shall apply except as follows:

- Entry shall be disabled accessible  333-535-0086 (1)(a)

- Conditions where public toilets rooms do not exist, then patient toilets may be used for public when addressed by the the Hospital's functional program.  333-535-0086 (1)(d)
For Outpatient Clinics where only Counseling or Non-Clinical services are provided, wheelchair storage space(s), examination rooms(s), treatment room(s), drug distribution station, clean workroom or clean holding room, and soiled workroom or soiled holding room may be omitted. 333-535-0086 (3)

A patient care unit in a satellite location that provides extended outpatient stay services for patients that do not require hospitalization, beyond an average length of stay of 24 hours, must, notwithstanding sections (1) through (3) of this rule, comply with: 333-535-0086 (4)

OAR 333-535-0025 Medical/Surgical Patient Care Unit. 333-535-0086 (4)(a)

OAR 333-535-0290 Elevators. 333-535-0086 (4)(b)

OAR 333-535-0300 including OAR 333-535-0300 (3)(d) where inpatient standards will apply. 333-535-0086 (4)(c)

OAR 333-535-0310 including OAR 333-535-0310 (4)(c)(A) through (d) where inpatient standards will apply. 333-535-0086 (4)(d)

OAR 333-535-0310 (8)(b) except that the minimum number of hours to operate emergency electric services shall be equivalent to the maximum expected length of patients’ stay specified in the functional program. 333-535-0086 (4)(e)