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Facilities Planning & Safety Unit

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Site Inspection Check List for:

Respiratory Therapy Unit - OAR 333-535-0150

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:

RESPIRATORY THERAPY UNIT:

YES NO NA

The respiratory therapy unit shall include space to accommodate program needs and shall contain the following additional elements:

- Office space including records file. 333-535-0150 (1)
- Storage for supplies and equipment. 333-535-0150 (2)
- Equipment servicing area. 333-535-0150 (3)