

Checklist for On-site Visits

1. Is the vendor's facility within the catchment area as stated in the RFP? __Yes __ No
Comments:

2. Does the vendor have current state and/or local operating license? __Yes __ No
List the licenses posted:

3. Is the vendor in compliance with all applicable fire, safety and health code certificates? __Yes __ No
List the licenses posted:

4. Does the vendor's physical facility preserve both the integrity of the secured filing system which preserve confidentiality of client services? __Yes __ No
Explain facility:

5. Are emergency contact procedures identified and described for clients posted? __Yes __ No
Comments:

6. Does the vendor have a dedicated lavatory or a lavatory that can be secured for collecting urine samples? __Yes __ No
Explain area:

7. Does the vendor have a secure room, or a locked refrigerator, for the storage of urine specimens and collection supplies? __Yes __ No
Explain area:

8. If applicable, does the vendor provide each inpatient resident with a bed and storage space for personal articles? Yes No
Comments:

9. Are written emergency and evacuation plans and diagrams posted? Yes No
Comments:

10. Are there smoke detectors on each floor? Yes No
Comments:

11. Is there a first aid kit at the vendor's facility as set forth in the American Red Cross Manual? Yes No
Comments:

12. Are client files segregated from other vendor records? Yes No
Explain:

13. Does the physical facility meet the requirements for any local service that was required in the RFP? Yes No
Explain: