

Office of Licensing, Certification, & Regulation (OLCR), 077F • P.O. Box 6123, Phoenix, AZ 85005 • (602) 771-4861

**LIFE-SAFETY INSPECTION REPORT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Address: \_\_\_\_\_  New Application  Address Change  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  Renewal  Special Request  
 Telephone: \_\_\_\_\_ Licensing/Certification Agency: \_\_\_\_\_  
 Developmental Setting:  HCBS Certified  Respite  Day Program  Therapy

General Conditions & Cleanliness (R6-18-702):	YES	NO	Inspector's Comments	Date Corrected
1. Interior & exterior in good repair and free of damage that poses a hazard.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Play areas and therapy equipment are in good repair.....	<input type="checkbox"/>	<input type="checkbox"/>		
3. Setting is clean to the degree that the condition does not constitute a hazard	<input type="checkbox"/>	<input type="checkbox"/>		
4. Garbage is removed from the setting & premises at least once each week.....	<input type="checkbox"/>	<input type="checkbox"/>		
5. The setting and outside play areas are free of insect and rodent infestation.....	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Safeguarding Hazards (R6-18-703)</b>				
1. Setting has a system to lock highly toxic substances.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Setting has a system to <b>safeguard</b> cleaning supplies.....	<input type="checkbox"/>	<input type="checkbox"/>		
Specify system for safeguarding: _____				
3. Weapons are safeguarded..... <input type="checkbox"/> No weapons on premises	<input type="checkbox"/>	<input type="checkbox"/>		
4. Firearms are locked in an unbreakable container <input type="checkbox"/> No firearms on premises	<input type="checkbox"/>	<input type="checkbox"/>		
5. Firearms are trigger-locked or rendered inoperable <input type="checkbox"/> No firearms on premises	<input type="checkbox"/>	<input type="checkbox"/>		
Number of firearms identified on the premises: _____				
6. Ammunition is locked separate from firearms..... <input type="checkbox"/> No ammunition on premises	<input type="checkbox"/>	<input type="checkbox"/>		
7. Bathtubs/showers and ramps have slip resistant surfaces.....	<input type="checkbox"/>	<input type="checkbox"/>		
8. Handrails and grab-bars are securely attached and stationary..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
9. Skirting is intact around the base of the setting, if a mobile home..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
10. Animals do not pose a hazard due to behavior, disease, etc..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
11. Evidence is available in the setting for each dog's current rabies..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
Vaccinations: _____				
<b>Storage of Medication (R6-18-704):</b>				
1. Prescription and over-the-counter medications in the setting are locked in a securely fastened storage container.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Medications that must be readily available or may be accessed per an individual's case plan are safeguarded..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
3. Medications that must be refrigerated are locked, without preventing access to refrigerated food..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Safe Appliances (R6-18-705):</b>				
1. Appliances for refrigerating & cooking food are functioning and safe..... Refrigerator temperature: _____ °F	<input type="checkbox"/>	<input type="checkbox"/>		
2. Setting has sufficient lighting to perform normal activities in bedrooms and living/program areas.....	<input type="checkbox"/>	<input type="checkbox"/>		
3. Setting has adequate heating, cooling, & ventilation in bedrooms and living/program areas..... Interior temperature: _____ °F	<input type="checkbox"/>	<input type="checkbox"/>		
4. Setting has an operable telephone.....	<input type="checkbox"/>	<input type="checkbox"/>		
5. The clothes dryer is safely vented with a non-flammable vent hose..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
6. Each portable heater meets the following standards..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
<b>YES NO</b>				
<input type="checkbox"/> <input type="checkbox"/> Electric, UL Approved, and equipped with a tip-over shut-off switch				
<input type="checkbox"/> <input type="checkbox"/> Has a protective covering for the heating element				
<input type="checkbox"/> <input type="checkbox"/> Is placed at least 3 ft. from flammable object when in use				
<input type="checkbox"/> <input type="checkbox"/> Is <b>not</b> used in bedrooms or as the primary source for heat in the setting				
7. A carbon monoxide detector is installed on each level that has a fuel-burning appliance or heating device..... <input type="checkbox"/> NA	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Electrical Safety (R6-18-706):</b>				
1. Electricity/wiring appears safe.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Light sockets have light bulbs/are safely covered to prevent electrical shock.....	<input type="checkbox"/>	<input type="checkbox"/>		
3. Interior and exterior electrical panels and outlets are covered and have no exposed wiring.....	<input type="checkbox"/>	<input type="checkbox"/>		
4. Electrical outlets are not overloaded.....	<input type="checkbox"/>	<input type="checkbox"/>		
5. Electrical cords are in good condition; no broken or frayed cords are in use.....	<input type="checkbox"/>	<input type="checkbox"/>		
6. Extension cords are not used on a permanent basis.....	<input type="checkbox"/>	<input type="checkbox"/>		
7. Mid-sized appliances are plugged into grounded outlets/power strips.....	<input type="checkbox"/>	<input type="checkbox"/>		
8. Major appliances are plugged directly into grounded outlets.....	<input type="checkbox"/>	<input type="checkbox"/>		

	YES	NO	Inspector's Comments	Date Corrected
<b>Plumbing (R6-18-707):</b>				
1. The setting has a continuous source of safe drinking water.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Hot water temperature in areas for bathing does not exceed 120°F.....	<input type="checkbox"/>	<input type="checkbox"/>		
Hot water temperature: _____ °F				
3. Sewage disposal is functioning with no visible signs of leakage.....	<input type="checkbox"/>	<input type="checkbox"/>		
4. Setting has at least 1 working toilet, sink, and tub/shower per 10 residents .....	<input type="checkbox"/>	<input type="checkbox"/>		
Number of working toilets: _____ shower/tubs: _____ bathroom sinks: _____				
<b>Fire Safety (R6-18-708):</b>				
1. Flammables/combustibles are stored more than 3 feet from the hot water heater and other heat sources.....	<input type="checkbox"/>	<input type="checkbox"/>		
2. Working fireplaces/wood stoves are protected by fire screens .....	<input type="checkbox"/>	<input type="checkbox"/>	NA	
3. Setting has at least one functioning fire extinguisher with a minimum rating of 2A: 10BC on each level.....	<input type="checkbox"/>	<input type="checkbox"/>		
4. Setting has at least one working smoke detector on each level.....	<input type="checkbox"/>	<input type="checkbox"/>		
5. Setting has at least one working smoke detector in each bedroom .....	<input type="checkbox"/>	<input type="checkbox"/>		
6. Setting has an emergency evac. plan which meets the following standards .....	<input type="checkbox"/>	<input type="checkbox"/>		
YES NO				
<input type="checkbox"/>	<input type="checkbox"/>	Identifies two routes to evacuate from bedrooms used for care		
<input type="checkbox"/>	<input type="checkbox"/>	Identifies the location of fire extinguishers & fire evacuation equipment		
<input type="checkbox"/>	<input type="checkbox"/>	Designates a safe meeting place outside the setting		
<input type="checkbox"/>	<input type="checkbox"/>	Is maintained in the setting		
7. Exits from the setting are unobstructed.....	<input type="checkbox"/>	<input type="checkbox"/>		
8. Bedrooms used for care must have an exit that opens directly to the outside .....	<input type="checkbox"/>	<input type="checkbox"/>		
9. Locks/bars on windows in bedrooms used for care and on doors leading to the outside have a quick release mechanism.....	<input type="checkbox"/>	<input type="checkbox"/>		
10. Settings providing care to 6 or more individuals practice and document an evacuation drill at least once every 3 months .....	<input type="checkbox"/>	<input type="checkbox"/>	NA	
11. The address for the setting is posted and visible from the street .....	<input type="checkbox"/>	<input type="checkbox"/>	NA	
<b>Pools and Spas (R6-18-709):</b>				
1. Pools are maintained, not stagnant, & are clear enough to see through the water to the bottom surface of the pool .....	<input type="checkbox"/>	<input type="checkbox"/>		
2. If water is deeper than 4 ft., a shepherds crook & ring buoy with attached rope are available in the pool area .....	<input type="checkbox"/>	<input type="checkbox"/>	NA	
3. The enclosure/fence meets the following standards:.....	<input type="checkbox"/>	<input type="checkbox"/>	NA	
YES NO				
<input type="checkbox"/>	<input type="checkbox"/>	The exterior side of the fence is at least 5 ft. high with no foot/handholds		
<input type="checkbox"/>	<input type="checkbox"/>	If chain link, the mesh measures less than 1 3/4" horizontally.....	<input type="checkbox"/>	NA
<input type="checkbox"/>	<input type="checkbox"/>	Openings measure less than 4 inches		
<input type="checkbox"/>	<input type="checkbox"/>	Gates are self-closing, self-latching and open away from the pool		
<input type="checkbox"/>	<input type="checkbox"/>	The gate latch is at least 54" above the ground		
<input type="checkbox"/>	<input type="checkbox"/>	The gate to the enclosure is locked		
4. If the setting constitutes part of the enclosure, the following standards are met	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> NA - No part of the setting is inside or connected to the pool fence				
YES NO				
<input type="checkbox"/>	<input type="checkbox"/>	The fence does not interfere with safe egress from the setting		
<input type="checkbox"/>	<input type="checkbox"/>	A door from the setting does not open within the pool enclosure		
<input type="checkbox"/>	<input type="checkbox"/>	A window in a bedroom designated for an individual receiving care is not positioned within the pool enclosure		
<input type="checkbox"/>	<input type="checkbox"/>	Other windows within the pool enclosure are permanently secured to open no more than 4 inches		

**This inspection represents the condition of the setting only on the date and time of the inspection.**

- The setting was in full compliance with all safety measures evaluated by the OLCR Life-Safety Inspector.
  - The setting was not in full compliance with all safety measures and corrections are required.
    - Licensing agency must verify corrections
    - OLCR must verify corrections
- Date full compliance verified by OLCR \_\_\_\_\_

Inspector's comments:

\_\_\_\_\_  
Inspector's Name (print)

\_\_\_\_\_  
Inspector's signature

***I acknowledge that the findings of this inspection have been reviewed with me and I have been provided with a copy.***

\_\_\_\_\_  
Provider's Name (print)

\_\_\_\_\_  
Provider's signature

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