

MONTHLY HEALTH AND COMFORT INSPECTION

| Date | Facility | |
|---|----------------------|---|
| Was the inspection conducted u good order and repair? Any pro | | vithout prior notice of facility staff? Facility in overall |
| Explain: | | |
| Did the facility contain any violation and neat? Any food in areas that | | s? Any displayed contraband? Resident rooms cleaned? |
| Explain: | | |
| expired food? Water temperatu | | anitation? Thermometer in the refrigerator? Any 10 degrees? Dirty dishes in the sink? |
| Explain: | | |
| Did the facility contain any notic initialed? Safety manual on disp | | ? Exits Marked? Fire extinguishers checked and |
| Explain: | | |
| Facility premises clean and neat | ? Free of trash or o | debris? |
| Explain: | | |
| | | |
| | | |

Behavioral Health Specialist (On Duty)

Clear Sky Behavioral Inspector