



RHS Monthly Site Walkthrough Checklist – Program Manager

Site: _____ Date of Inspection: _____ Time of inspection: _____
 Inspected By: _____

To be completed monthly for all locations by the Program Manager and submitted to the Residential Director
NOTE: IF ANY ITEM NOTED IS AN IMMEDIATE HEALTH/SAFETY THREAT OR HAZARD, PLEASE CONTACT RESIDENTIAL DIRECTOR OR ASSISTANT DIRECTOR DIRECTLY.

	Check ✓ if item is in proper condition/working order.	List any known problem that requires attention.
LIVING ENVIRONMENT:		
Window coverings in place		
Appropriate temperature- check thermostat		
Carpet and flooring in good condition		
Walls in good condition		
Faucets are not leaking		
Free of rodents/bugs		
Free of mold/mildew		
Kitchen is clean and sanitary		
Living room clutter free		
Furniture in good shape		
Countertops/tables in good condition		
Bathrooms are clean and sanitary		
Bedrooms are organized and free of clutter		
Telephone is operational		
SAFETY ITEMS:		
Doors and windows lock securely		
Bulbs in sockets, no frayed cords, exposed wires, etc...		
No trip hazards (rugs, cords, clutter on floor)		
First aid supplies & PPE available		
Safety signs (evacuation routes, handwashing, privacy) posted		
Emergency contact numbers posted by phone		
Fire extinguisher inspected and tag initialed		
Smoke detectors tested monthly		
Extension cords plugged directly into outlets		
Cleaning supplies stored appropriately- below eye level		



RHS Monthly Site Walkthrough Checklist – Program Manager

	Check ✓ if item is in proper condition/working order.	List any known problem that requires attention.
Adequate food supply in fridge/freezer/cupboards		
Proper storage of food/check for expired food.		
Check furnace filters		
Check for med errors		
Check narcotic count sheets		
Medications securely locked		
Money & financial logs securely locked		

GROUNDS (Quick Check)	
Summer-Well Mowed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement
Winter-Parking Area/Driveway Clear Of Snow	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Improvement
Winter-WALK WAYS	CLEAR & SALTED
Front Entrance Walk	<input type="checkbox"/> Yes <input type="checkbox"/> No
Front Sidewalk	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back Entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No
GROUNDS Clear of Trash	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking Area(s) Well Lit & in Good Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: