Checklist for On-Site Visit (Complete 1 form for each performance location)

Date:	
BPA #:	
Vendor:	
Address:	
Does the vendor have current state and/or local operating licenses posted in the office? List where licenses are posted:	YesNo Attach Photo
2. Is the vendor in compliance with all applicable fire, safety, and health code certificates? List where certificated are posted:	YesNo Attach Photo
3. Does the vendor's facility have private office space for counseling and a secured filing system which preserve confidentiality of client services?	YesNo Attach Photo
4. Are emergency contact procedures identified and described for clients posted? List where procedures are posted.	YesNo Attach Photo
5. Does the vendor have a dedicated lavatory or lavatory that can be secured for collecting urine sample (if required by the SOW)? Describe the UA area.	YesNo Attach Photo

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6. Does the vendor have a secure room or locked refrigerator for the storage of urine specimens and collection/testing supplies? Describe the storage area.	YesNo Attach Photo
7. Are written emergency and evacuation plans and diagrams posted throughout the facility as required by the local fire department? List where they are posted.	YesNo Attach Photo
8. Are there smoke detectors on each floor as required by the local fire department? List where they are installed.	YesNo Attach Photo
9. Is there a first aid kit at the vendor's facility as set forth in the American Red Cross Manual? List where it is stored.	YesNo Attach Photo
10. Are client files segregated from other vendor records? And, are US Probation Office and US Pretrial Services records separated? Describe how they are segregated.	YesNo Attach Photo