

**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 licenses?  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 certificated posted:

4. Does the vendor's facility have private office space for counseling and a secured filing system which preserve confidentiality of client services?  Yes  No

Explain:

5. Are emergency contact procedures identified and described for clients posted?  Yes  No

Comments:

6. Does the vendor have a dedicated lavatory or lavatory that can be secured for collecting urine sample?  Yes  No

Describe the area:

7. Does the vendor have a secure room or locked refrigerator for the storage of urine specimens and collection/testing supplies?  Yes  No

Describe the 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:

14. Does the vendor's facility meet all additional requirements outlined in the RFP?  Yes  No

Comments: