

Date: _____

ORH Dwelling Inspection Form

Levels I, II, III

During the review of the dwelling the reviewers will be verifying that the national quality standards are met. The national quality standards focus on a physical environment that is safe and supports an environment of recovery. Operators are responsible for ensuring that they are in compliance with all health, safety and building code standards. Operators are required to sign an assurances document that indicates that they are aware of these laws and that they are in compliance.

Organization: _____ Address: _____

Org Staff Completing Onsite: _____ ORH Staff or Peer Reviewer Name: _____

Capacity: _____ (what will be printed on certificate) Gender(s): _____ Level: _____

Number of Bedrooms: _____ Number of Bathrooms: _____ Number of Refrigerators: _____

There is at least one full bathroom (toilet, sink, shower or tub per six residents)

There is at least one full sized refrigerator per five residents (Reviewer discretion may be used for extra-large refrigerators)

Area	What We Look For	
General	<input type="checkbox"/> There are no other business, residence or activities on the same property or site OR <input type="checkbox"/> The recovery housing residence is appropriately separated from any other business, residences, or activities (such as treatment centers) that share the same property, building, or site <input type="checkbox"/> Residents do not have to walk through a different business (such as a treatment center) to get to the recovery residence <input type="checkbox"/> Non-residents (including non-resident staff) cannot access the recovery housing residence through interior or connecting doors <input type="checkbox"/> There are separate mailing addresses for the recovery residence and any other building or business	<input type="checkbox"/> The capacity of the dwelling is three (3) or greater OR <input type="checkbox"/> The operator is able to demonstrate that there is a larger recovery environment made of multiple units or dwellings to create an environment of peer support <input type="checkbox"/> Any residents present are displaying behavior and actions that are consistent with recovery housing <input type="checkbox"/> There is no evidence that the home serves individuals other than people with substance use disorders and their families
Exterior Space	<input type="checkbox"/> There is no interior furniture being used as outdoor furniture <input type="checkbox"/> Property is smoke-free OR <input type="checkbox"/> There is a designated space for smoking outside with an appropriate container	<input type="checkbox"/> Any fencing is in good repair with no obvious safety hazards <input type="checkbox"/> External buildings are in good repair with no obvious safety hazards <input type="checkbox"/> Exterior of house is in good repair with no obvious safety hazards <input type="checkbox"/> The yard is free from garbage and other debris

Required Documents	<input type="checkbox"/> House has the following documents in a common area binder or posted and these documents match what ORH has approved on file <input type="checkbox"/> Emergency Policy (including current staff contact info) <input type="checkbox"/> House Code of Conduct <input type="checkbox"/> Medication Policy <input type="checkbox"/> Communicable Disease Policy	<input type="checkbox"/> Visitor Policy <input type="checkbox"/> Neighbor Concerns Policy <input type="checkbox"/> Grievance Policy <input type="checkbox"/> Resident Rights Statement
Cameras	<input type="checkbox"/> No interior cameras in use OR <input type="checkbox"/> If interior cameras are used, please show reviewers where all cameras are located <input type="checkbox"/> There are no cameras in resident bedrooms or bathrooms <input type="checkbox"/> There are no camera where residents may need privacy (such as when changing clothes or using bathroom areas) <input type="checkbox"/> Cameras are not monitored constantly, feeds are only viewed if there is a valid reason	<input type="checkbox"/> The camera feeds are secure & only approved staff have access <input type="checkbox"/> There are no banks of monitors set up for staff to view residents that replaces staff being with residents in person <input type="checkbox"/> The home is able to document when camera feeds are accessed and who accessed the feeds
Entrances and Exits	<input type="checkbox"/> Front door is safe, in good repair, and easily accessible <input type="checkbox"/> Back/Side doors are safe and in good repair, & easily accessible <input type="checkbox"/> The pathway out of the house is obvious in case of emergency OR <input type="checkbox"/> If path is not obvious, exit signs are posted <input type="checkbox"/> Evacuation maps and exit signs posted (Level 3 Only)	<input type="checkbox"/> Residents are not locked in the house and current residents can access the house when they need to by one of the following methods: <input type="checkbox"/> Keys <input type="checkbox"/> Codes <input type="checkbox"/> Other _____ <input type="checkbox"/> Staffed (must be available at any time a resident needs)
Safety	Overdose Reversal Medication (such as Naloxone) is: <input type="checkbox"/> Easily Accessible <input type="checkbox"/> Not Expired Resident Medication Storage (please show reviewers where medication is stored): <input type="checkbox"/> Individual Lock Boxes <input type="checkbox"/> Locked Storage Cabinet (staffed) <input type="checkbox"/> Other _____ <input type="checkbox"/> Applicable medications stored off-site per policy <input type="checkbox"/> House Procedure matches House Policy approved by and on file with ORH <input type="checkbox"/> There are no medications (controlled or OTC) in public view Gas Appliances and/or Utilities: <input type="checkbox"/> House does not have any gas appliances or utilities OR <input type="checkbox"/> House has wired detection system OR Carbon Monoxide Detectors are located near: <input type="checkbox"/> Appliances <input type="checkbox"/> Utilities <input type="checkbox"/> Sleeping Areas Other General House Safety Concerns: <input type="checkbox"/> No <input type="checkbox"/> Yes (detail in comments)	
House Maintenance & Home-Like Environment	<input type="checkbox"/> Ceilings are free from leaks and water or other excessive damage <input type="checkbox"/> Walls are free from holes or excessive damage <input type="checkbox"/> No excessive or old wiring hanging from walls or ceiling <input type="checkbox"/> Paint is well maintained <input type="checkbox"/> All light fixtures have appropriate covers <input type="checkbox"/> All window coverings are appropriate and in good repair <input type="checkbox"/> Furniture in all rooms is in good repair & free from holes or stains <input type="checkbox"/> Furniture in all rooms is being used for its intended purpose <input type="checkbox"/> Furniture in all rooms is typical of a home-like environment <input type="checkbox"/> Flooring is free from stains and excessive wear <input type="checkbox"/> Flooring is free from trip hazards	<input type="checkbox"/> All light switches & electrical outlets have appropriate covers <input type="checkbox"/> Electrical outlets are not overloaded <input type="checkbox"/> Power strips and extension cords are used appropriately <input type="checkbox"/> Power strips or other cords are not presenting a safety hazard <input type="checkbox"/> House has hot water, heat, and electricity <input type="checkbox"/> House's water heater appears to be in good working condition <input type="checkbox"/> House's furnace appears to be in good working condition <input type="checkbox"/> There is no basement OR <input type="checkbox"/> Basement is free from standing water and any items are stored safety (away from appliances and heating elements) <input type="checkbox"/> There is no trash being stored in the basement

Cleanliness	<input type="checkbox"/> All rooms are free from excessive dirt, clutter, and/or broken items that need to be repaired or discarded <input type="checkbox"/> Whole house is free from visible signs of pests (bedbugs, mice, rats, other bugs) <input type="checkbox"/> House has a vacuum cleaner and/or a broom and dustpan	<input type="checkbox"/> House has appropriate cleaning sponges, rags, or paper towels <input type="checkbox"/> House has appropriate cleaner for kitchen counter/bathroom sinks <input type="checkbox"/> House has appropriate dishwashing soap and/or detergent <input type="checkbox"/> House has appropriate toilet brush and cleaner <input type="checkbox"/> House has a mop and bucket
Living Room and Common Areas	<input type="checkbox"/> Residents are able to use common areas for informal activities and daily living without limitations or set hours (Code of Conduct may include reasonable quiet hours) <input type="checkbox"/> Common areas are clean and free from excessive clutter	<input type="checkbox"/> There is a space large enough for all residents in the home to gather for activities (such as house meetings and social events) <input type="checkbox"/> The space contains enough furnishings that allow all residents to have a seat when gathering
Kitchen and Dining Areas	<input type="checkbox"/> Residents are able to use the kitchen for daily living without limitations or set hours (Code of Conduct may include reasonable quiet hours and exceptions can be made for set mealtimes when house provides meals, but residents should still be able to access snacks, prepare non-provided meals, etc freely) <input type="checkbox"/> There is a dining table(s) and chairs large enough for all residents to share a meal together <input type="checkbox"/> Dishes and housewares are clean and stored appropriately <input type="checkbox"/> There is an adequate amount of dishes for house capacity (at least one set per resident)	<input type="checkbox"/> Dry food storage is available <input type="checkbox"/> Food is not stored on the floor or other inappropriate locations <input type="checkbox"/> A smoke detector is located appropriately in or near kitchen so alarm will sound if something were to burn when cooking <input type="checkbox"/> The fire extinguisher is in plain sight or in clearly marked location <input type="checkbox"/> The fire extinguisher is not expired <input type="checkbox"/> All refrigerators are in good working order and the inside is cold <input type="checkbox"/> The stove and oven are clean and in good working order <input type="checkbox"/> Any other appliances provided are clean & in good working order <input type="checkbox"/> Kitchen has appropriate handwashing supplies for residents <input type="checkbox"/> Kitchen is clean and free from excessive clutter
Laundry	<input type="checkbox"/> The washer is in good working order <input type="checkbox"/> The dryer is in good working order <input type="checkbox"/> Laundry area is appropriately clean for resident's use <input type="checkbox"/> No items are stored near the appliances creating a safety hazard	OR If washers and dryers are unavailable or limited: <input type="checkbox"/> Residents have access to a local laundromat <input type="checkbox"/> Laundromat affordability and transportation are considered
Houses with Children	<input type="checkbox"/> Children living in the house full-time are considered in capacity totals for all other required elements (such as bathrooms and bedrooms) <input type="checkbox"/> Medication procedure matches house policy approved and on file with ORH	<input type="checkbox"/> Cleaning supplies are stored appropriately away from children <input type="checkbox"/> The house has age-appropriate safety items in place for any children (electric outlet covers, drawer and cabinet locks, etc) <input type="checkbox"/> The house has items for children's entertainment and activities

<p>Bathroom 1</p> <p><input type="checkbox"/> Half</p> <p><input type="checkbox"/> Full</p>	<p><input type="checkbox"/> Bathroom is in an appropriately finished condition</p> <p><input type="checkbox"/> Bathroom sink/vanity is clean and in good working condition</p> <p><input type="checkbox"/> Bathroom has appropriate handwashing supplies for residents</p> <p><input type="checkbox"/> Bathroom contains toilet paper</p> <p><input type="checkbox"/> Any windows have an appropriate cover for privacy</p>	<p><input type="checkbox"/> The tub/shower is clean and in good working condition</p> <p><input type="checkbox"/> The tub/shower has an appropriate door or curtain/liner</p> <p><input type="checkbox"/> The toilet is clean and in good working condition</p> <p><input type="checkbox"/> Any other elements provided are in good working condition (ie towel bars are secure, mirrors are not broken or cracked, etc)</p>
<p>Bathroom 2</p> <p><input type="checkbox"/> Half</p> <p><input type="checkbox"/> Full</p>	<p><input type="checkbox"/> Bathroom is in an appropriately finished condition</p> <p><input type="checkbox"/> Bathroom sink/vanity is clean and in good working condition</p> <p><input type="checkbox"/> Bathroom has appropriate handwashing supplies for residents</p> <p><input type="checkbox"/> Bathroom contains toilet paper</p> <p><input type="checkbox"/> Any windows have an appropriate cover for privacy</p>	<p><input type="checkbox"/> The tub/shower is clean and in good working condition</p> <p><input type="checkbox"/> The tub/shower has an appropriate door or curtain/liner</p> <p><input type="checkbox"/> The toilet is clean and in good working condition</p> <p><input type="checkbox"/> Any other elements provided are in good working condition (ie towel bars are secure, mirrors are not broken or cracked, etc)</p>
<p>Bathroom 3</p> <p><input type="checkbox"/> Half</p> <p><input type="checkbox"/> Full</p>	<p><input type="checkbox"/> Bathroom is in an appropriately finished condition</p> <p><input type="checkbox"/> Bathroom sink/vanity is clean and in good working condition</p> <p><input type="checkbox"/> Bathroom has appropriate handwashing supplies for residents</p> <p><input type="checkbox"/> Bathroom contains toilet paper</p> <p><input type="checkbox"/> Any windows have an appropriate cover for privacy</p>	<p><input type="checkbox"/> The tub/shower is clean and in good working condition</p> <p><input type="checkbox"/> The tub/shower has an appropriate door or curtain/liner</p> <p><input type="checkbox"/> The toilet is clean and in good working condition</p> <p><input type="checkbox"/> Any other elements provided are in good working condition (ie towel bars are secure, mirrors are not broken or cracked, etc)</p>
<p>Bathroom 4</p> <p><input type="checkbox"/> Half</p> <p><input type="checkbox"/> Full</p>	<p><input type="checkbox"/> Bathroom is in an appropriately finished condition</p> <p><input type="checkbox"/> Bathroom sink/vanity is clean and in good working condition</p> <p><input type="checkbox"/> Bathroom has appropriate handwashing supplies for residents</p> <p><input type="checkbox"/> Bathroom contains toilet paper</p> <p><input type="checkbox"/> Any windows have an appropriate cover for privacy</p>	<p><input type="checkbox"/> The tub/shower is clean and in good working condition</p> <p><input type="checkbox"/> The tub/shower has an appropriate door or curtain/liner</p> <p><input type="checkbox"/> The toilet is clean and in good working condition</p> <p><input type="checkbox"/> Any other elements provided are in good working condition (ie towel bars are secure, mirrors are not broken or cracked, etc)</p>
<p>Bedrooms</p>	<p>*Square Footage Requirements: Must be at least 70 sq ft for the first resident and 50 sq ft for each additional resident (length in inches X width in inches ÷ 144 = square footage of room)</p> <p>**Mini Fridges: May only be used for medical accommodation or if the room was designed for that purpose (dormitory/studio units)</p> <p>***Egress: The operator is responsible for checking local egress requirements and egress must not be blocked or sealed shut</p>	<p><input type="checkbox"/> Bedrooms may not have more than six (6) residents each</p> <p><input type="checkbox"/> Bedrooms with three (3) to six (6) residents must have features which allow the room to feel home-like (such as privacy screens, individual decorations, ability of residents to arrange furniture or other features that create a home-like environment)</p> <p>NOTE: Bunk beds are not prohibited, but we discourage their use for the purposes of providing a home-like environment and accessibility for all residents</p>

#1 Current Capacity ____	<input type="checkbox"/> Meets Square Footage Requirement* Sq Ft_____	<input type="checkbox"/> Bedroom has an appropriate door	<input type="checkbox"/> Each person has an appropriate bed	<input type="checkbox"/> Each person has a place to store hanging clothes	<input type="checkbox"/> Each person has a place to store folded clothes	<input type="checkbox"/> Food is not stored in room	<input type="checkbox"/> Room does not contain a mini fridge**	<input type="checkbox"/> Room has a functional smoke detector	<input type="checkbox"/> There is an Egress***	<input type="checkbox"/> Access to common areas does not require traveling through a bedroom
#2 Current Capacity ____	<input type="checkbox"/> Meets Square Footage Requirement* Sq Ft_____	<input type="checkbox"/> Bedroom has an appropriate door	<input type="checkbox"/> Each person has an appropriate bed	<input type="checkbox"/> Each person has a place to store hanging clothes	<input type="checkbox"/> Each person has a place to store folded clothes	<input type="checkbox"/> Food is not stored in room	<input type="checkbox"/> Room does not contain a mini fridge**	<input type="checkbox"/> Has a functional smoke detector	<input type="checkbox"/> There is an Egress***	<input type="checkbox"/> Access to common areas does not require traveling through a bedroom
#3 Current Capacity ____	<input type="checkbox"/> Meets Square Footage Requirement* Sq Ft_____	<input type="checkbox"/> Bedroom has an appropriate door	<input type="checkbox"/> Each person has an appropriate bed	<input type="checkbox"/> Each person has a place to store hanging clothes	<input type="checkbox"/> Each person has a place to store folded clothes	<input type="checkbox"/> Food is not stored in room	<input type="checkbox"/> Room does not contain a mini fridge**	<input type="checkbox"/> Has a functional smoke detector	<input type="checkbox"/> There is an Egress***	<input type="checkbox"/> Access to common areas does not require traveling through a bedroom
#4 Current Capacity ____	<input type="checkbox"/> Meets Square Footage Requirement* Sq Ft_____	<input type="checkbox"/> Bedroom has an appropriate door	<input type="checkbox"/> Each person has an appropriate bed	<input type="checkbox"/> Each person has a place to store hanging clothes	<input type="checkbox"/> Each person has a place to store folded clothes	<input type="checkbox"/> Food is not stored in room	<input type="checkbox"/> Room does not contain a mini fridge**	<input type="checkbox"/> Has a functional smoke detector	<input type="checkbox"/> There is an Egress***	<input type="checkbox"/> Access to common areas does not require traveling through a bedroom
#5 Current Capacity ____	<input type="checkbox"/> Meets Square Footage Requirement* Sq Ft_____	<input type="checkbox"/> Bedroom has an appropriate door	<input type="checkbox"/> Each person has an appropriate bed	<input type="checkbox"/> Each person has a place to store hanging clothes	<input type="checkbox"/> Each person has a place to store folded clothes	<input type="checkbox"/> Food is not stored in room	<input type="checkbox"/> Room does not contain a mini fridge**	<input type="checkbox"/> Has a functional smoke detector	<input type="checkbox"/> There is an Egress***	<input type="checkbox"/> Access to common areas does not require traveling through a bedroom
#6 Current Capacity ____	<input type="checkbox"/> Meets Square Footage Requirement* Sq Ft_____	<input type="checkbox"/> Bedroom has an appropriate door	<input type="checkbox"/> Each person has an appropriate bed	<input type="checkbox"/> Each person has a place to store hanging clothes	<input type="checkbox"/> Each person has a place to store folded clothes	<input type="checkbox"/> Food is not stored in room	<input type="checkbox"/> Room does not contain a mini fridge**	<input type="checkbox"/> Has a functional smoke detector	<input type="checkbox"/> There is an Egress***	<input type="checkbox"/> Access to common areas does not require traveling through a bedroom
#7 Current Capacity ____	<input type="checkbox"/> Meets Square Footage Requirement* Sq Ft_____	<input type="checkbox"/> Bedroom has an appropriate door	<input type="checkbox"/> Each person has an appropriate bed	<input type="checkbox"/> Each person has a place to store hanging clothes	<input type="checkbox"/> Each person has a place to store folded clothes	<input type="checkbox"/> Food is not stored in room	<input type="checkbox"/> Room does not contain a mini fridge**	<input type="checkbox"/> Has a functional smoke detector	<input type="checkbox"/> There is an Egress***	<input type="checkbox"/> Access to common areas does not require traveling through a bedroom
#8 Current Capacity ____	<input type="checkbox"/> Meets Square Footage Requirement* Sq Ft_____	<input type="checkbox"/> Bedroom has an appropriate door	<input type="checkbox"/> Each person has an appropriate bed	<input type="checkbox"/> Each person has a place to store hanging clothes	<input type="checkbox"/> Each person has a place to store folded clothes	<input type="checkbox"/> Food is not stored in room	<input type="checkbox"/> Room does not contain a mini fridge**	<input type="checkbox"/> Has a functional smoke detector	<input type="checkbox"/> There is an Egress***	<input type="checkbox"/> Access to common areas does not require traveling through a bedroom

Ethics	<input type="checkbox"/> The applicant did not provide false information at any point in the application process <input type="checkbox"/> The applicant did not threaten or attempt to bribe the reviewers at any time during the review process	<input type="checkbox"/> There was no evidence of illicit substance, recreational cannabis, or alcohol use in the home, such as: <ul style="list-style-type: none"> <input type="checkbox"/> Residents who are currently under the influence <input type="checkbox"/> Alcohol and/or illicit drugs in the house <input type="checkbox"/> Drug paraphernalia in the house <input type="checkbox"/> Residents making statements about being intoxicated or under the influence in the house
Second Visit	<input type="checkbox"/> A second visit is required to review the property for required revisions to meet quality standards Note: this decision is made when there are significant NARR Standard insufficiencies during the interview and/or dwelling inspection and is based solely on the discretion of ORH Staff with input from the peer reviewer. <input type="checkbox"/> This is the second visit for this dwelling	

Reviewer Recommendations

1) Is there anything about this home that you would like to note that is not included in the form?

2) Please include details for anything noted in the dwelling inspection form:

-
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-
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-
-
-

Signature of Reviewer: _____

Date: _____

Return this form to ORH Staff after the conclusion of the review