Recovery Voucher (RV) Program Recovery Residence Inspection Form

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. A copy of this checklist should be placed in the shelter's files.

Approved	Deficient	Standard				
		1. <i>Structure and materials:</i> The structure is structurally sound to protect				
		the residents from the elements and not pose any threat to the health				
		and safety of the residents.2. Access: The shelter is accessible and capable of being utilized without				
		unauthorized use of other private properties. The structure provides				
		alternate means of egress in case of fire.				
		3. <i>Space and security:</i> Each resident is provided adequate space and				
		security for themselves and their belongings. Each resident is provided				
		an acceptable place to sleep.				
		4. Interior air quality: Each room or space has a natural or mechanical				
		means of ventilation. The interior air is free of pollutants at a level				
		that might threaten or harm the health of residents.				
		5. Water Supply: The shelter's water supply is free of contamination.				
		6. Sanitary Facilities: Residents have access to sufficient sanitary facilities				
		that are in proper operating condition, are private, and are adequate				
		for personal cleanliness and the disposal of human waste.				
		7. Thermal environment: The shelter has any necessary heating/cooling				
		facilities in proper operating condition.				
		8. Illumination and electricity: The structure has adequate natural or				
		artificial illumination to permit normal indoor activities and support				
		health and safety. There are sufficient electrical sources to permit th				
		safe use of electrical appliances in the structure.				
		9. Food preparation: Food preparation areas, if any, contain suitable				
		space and equipment to store, prepare, and serve food in a safe and				
		sanitary manner.				
		10. <i>Sanitary conditions:</i> The shelter is maintained in a sanitary condition.				
		11. Fire safety:				
		a. There is a second means of exiting the building in the event of fire				
		or other emergency.				
		b. The unit includes at least one battery-operated or hard-wired				
		smoke detector, in proper working condition, on each occupied				
		level of the unit. Smoke detectors are located, to the extent				
		practicable, in a hallway adjacent to a bedroom.				
		c. If the unit is occupied by hearing-impaired persons, smoke				
		detectors have an alarm system designed for hearing-impaired				
		persons in each bedroom occupied by a hearing-impaired person.				
		d. The public areas are equipped with a sufficient number, but not				
		less than one for each area, of battery-operated or hard-wired				

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smoke detectors. Public areas include, but are not limited to,		
laundry rooms, day care centers, hallways, stairwells, and other		
common areas.		
12. Lead-based paint: If the structure was built prior to 1978, and a child		
under the age of six or a pregnant woman resides in the shelter, and		
the shelter has had a defective paint surface inside or outside the		
structure, the defective surface has been repaired by at least		
scraping and painting the surface with two coats of non-lead-based		
paint. If a child under age six residing in the assisted property has an		
Elevated Blood Level, paint surfaces must be tested for lead-based		
paint. If lead is found present, the surface must be abated in		
accordance with 24 CFR Part 35.		
Defective paint surface means: applicable surface on which paint is		
cracking, scaling, chipping, peeling, or loose.		
*Note the following to assist in determining if unit can be approve		
or is deficient: Date built/rehabbed; Children under 6		
present; Pregnant woman		
13. Alcohol and drugs:		
a. The shelter is free from alcohol and illicit drugs.		
b. The shelter shows no signs of alcohol and/ or illicit drug use or		
paraphernalia.		
14. Meets additional grantee standards (if any).		

15. How does the recovery residence support the active recovery of their clients?

COMMENTS:

CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets <u>all</u> of the above standards.

Property does not meet all of the above standards.

RV Grantee Name:					
Recovery Residence Representative Name:					
Recovery Residence Name:					
Street Address:			-		
City:	State:	Zip:			
Evaluator Name:	Date of review:		-		
Evaluator Signature:					