



ADULT FAMILY HOME (AFH)
**AFH Initial Licensing Inspection:
 Resident Bedroom / Bathroom
 Worksheet Continuation**

APPLICANT'S / ER'S NAME		APPLICANT CONTACT PHONE	
AFH NAME		AFH SITE PHONE	
AFH SITE ADDRESS	DISTRICT / UNIT	COUNTY	INSPECTION TYPE Initial
FIELD MANAGER'S NAME		FM PHONE	LICENSOR'S NAME
12 MONTH DATE			

Bedroom Measurements: Length (L) x Width (W) divided by 144 = Square Feet (Sq. Ft.)

Evacuation Level <input type="checkbox"/> I <input type="checkbox"/> I/A	Subtotal Sq. Ft. =	
	- Closet / Storage	
	- Door Swing	
Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2	- Other	
	- Other	
	= Usable Sq. Ft.	

<p>Exit does not pass through another room: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *M N N/A</p> <p>Window:** <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *M. N N/A</p> <p>Unobstructed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Door opening device..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Windowsill height does not exceed 44 inches <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clean: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Screens <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Closet / Storage: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Privacy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Open-able..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Open-able <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Floor Guides <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Lighting: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Smoke Detector: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Door: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Works <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Lock <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Audible <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proximity <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heat Source: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>** Window specifications: Minimum height – 24”, Minimum width – 20”, Minimum square footage opening – 5.7 sq.ft. except at grade level where it may be 5 sq.ft.</p>
--	---

<p>Bathroom attached to Bedroom A</p> <p>Accessibility Level: <input type="checkbox"/> I <input type="checkbox"/> I/A</p> <p>Door: Lock with opening device..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Unobstructed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Shower / Tub:..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Shower / tub grab bars secure..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Non-Skid Surface..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Water Temperature: °F (Minimum 105°F; maximum 120°F)</p> <p>General:..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Sanitation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Toxics inaccessible <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>TP holder..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Toilet grab bars secure..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Window cover / screens <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Lighting..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
---	--	--