



# LOS ANGELES COUNTY SOBER LIVING COALITION

333 Washington Blvd. #422, Marina del Rey, CA 90292

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## ON SITE INSPECTION FORM

Date: \_\_\_\_\_ Meeting with: \_\_\_\_\_ Inspector(s): \_\_\_\_\_

House Name and Location: \_\_\_\_\_

Describe Type of House: \_\_\_ Story SFD Apt. Other \_\_\_\_\_

Neighborhood Location (Circle all that apply): Quiet Residential Commercial Rural Beach

Population (Circle One): Men Women Women with Children Coed

If Coed: \*Do men and women share a bathroom? (Y) (N)

\*Is there a physical barrier between men and women bedrooms? (Y) (N) Total Beds? \_\_\_\_\_

(\* Coed house can not pass inspection unless men and women are physically separated and do not share bathrooms)

HEALTH COMMENTS	
Sleeping Rooms:	Number _____ Status _____
Bathrooms:	Number _____ Status _____
Kitchen (Refrigerators)	Number _____ Status _____
Outside Yard (front)	Number _____ Status _____
Outside Yard (back)	Number _____ Status _____
Overall Cleanliness	Number _____ Status _____

SAFETY COMMENTS	
Are Emergency Phone Numbers Posted by Phone? (Includes local police, gas co., contact person, and house address)	(Y) (N) If no, please post immediately.
Is the House Address visible from the street?	(Y) (N) If no, please correct immediately.
*Are there functioning smoke alarms in every bedroom?	(Y) (N) If no, please correct immediately.
*Is there a charged fire extinguisher mounted in Kitchen?	(Y) (N) If no, please correct immediately.
Do electric cords pose safety concerns (slip/trip hazards)?	(N) (Y) If yes, please correct immediately.
Are power strips being used instead of extension cords?	(Y) (N) If no, please correct immediately.
Are there second story sleeping area fire escape ladders?	(Y) (N) (NA) If no, please correct immediately.
*Is the water heater strapped?	(Y) (N) If no, please correct immediately.
Does the gas meter have an automatic shut off valve?	(Y) (N) If no, place wrench for emergency use.

(\*Denotes ACTION ITEM)

MANAGEMENT REVIEW			
Membership Fee Paid	(Y) (N)	If no, \$ _____ due now	Received:
Membership Application Signed	(Y) (N)	If no, please submit now	Received:
Management Paperwork Reviewed	(Y) (N)		
Code of Ethics Signed	(Y) (N)		
Copy of Current Liability Insurance	(Y) (N)	SLN Policy: (Y) (N)	Received:
Manager Training Verified	(Y) (N)	Location:	Year:
Written drug testing protocol	(Y) (N)	Notes:	
Other:			
Other:			

If corrections are indicated above they must be completed before the next scheduled inspection. House is PENDING if fees or insurance are due and owner has 15 days to submit or be removed from the internet listing. Once ACTION ITEMS (\*) are corrected, return signed copy to the field office at the address or fax number above. If a subsequent inspection is required, an appointment will be made. If no corrections are noted please place this in your file as part of your membership correspondence. To view your listing on the internet go to [www.soberhousing.net](http://www.soberhousing.net).

Manger or Owner: \_\_\_\_\_ Date: \_\_\_\_\_

HOUSE HAS (PASSED) (PASSED with CORRECTIONS) (PENDING) \_\_\_\_\_ (Insp.)

