

Community Mental Health for Central Michigan

SAFETY, HEALTH & ENVIRONMENT ANNUAL SITE REPORT

Location: _____

		Yes	No	N/A	Comment on deficiency for each item checked 'No'
1.	Parking lots, driveway, steps and sidewalks are clean and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Lawn, shrubs and trees are well-maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Gutters/downspouts are free of debris and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Siding/brick are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Roof is in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Dryer vent is in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Garage is in good condition (walls, ceiling door, door frame, door opener, flooring, and lighting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Ramp is in good repair; rails are secure and free from obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Doors/Frames/screens (internal and external) are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Windows wells are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	All exterior doors and windows lock securely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Walls are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Ceilings are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Flooring is in good condition; no loose tiles, warping, fraying, clean, free from slip, trip and fall hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Exits/hallways/stairwells are clean, uncluttered and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Exit signs work properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	The premises are free of environmental conditions that present potential safety and health risks (e.g., icicles, hornet nests, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	All smoke alarms operate properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Fire extinguisher(s) in operating condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Carbon monoxide detector(s) in operating condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	All internal external lights work properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	All plumbing operates properly (kitchen, bathrooms, showers, laundry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Furnace works properly; filter changes in last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Sump pump works properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Yes	No	N/A	Comment on deficiency for each item checked 'No'
25.	Electrical outlets work properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Equipment/appliances are in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Window coverings are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	The premises are free of any insects, rodents or other pests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	The premises are free of mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments and plans for correction (please reference item number):

Print Name and Title: Karen Bressette, Provider Network Monitor

Date: _____