



LOS ANGELES COUNTY SOBER LIVING COALITION

Field Office

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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 Other

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 cannot pass inspection unless men and women are physically separated and do not share bathrooms)

HEALTH COMMENTS		
	Number	Status (See 1-5 Below) NOTES
Sleeping Rooms:		
Bathrooms:		
Kitchen (Refrigerators)		
Outside Yard (front)		
Outside Yard (back)		
Overall Cleanliness		

1: Very Clean and Orderly 2: Clean and Orderly 3: Clean 4: Needs Improvement 5: Not acceptable

SAFETY COMMENTS	
Emergency Phone Numbers Posted by Phone? (Includes local police, gas co., contact person, and house address)	(Y) (N) If no, please post immediately.
House Address visible from the street?	(Y) (N) If no, please correct immediately.
*Functioning smoke alarms in every bedroom?	(Y) (N) If no, please correct immediately.
*Functioning CO detectors located near sleeping areas?	(Y) (N) If no, please correct immediately.
*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)		
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.

Manger or Owner: _____ Date: _____

HOUSE HAS: (Circle One) 1. PASSED 2. PASSED with CORRECTIONS 3. PENDING _____ (Inspectors Initials)

