

**Coachella Valley Sober Living Alliance
On Site Inspection Form**

Sober Living Name _____ Date _____

Contact Name _____ Phone Number _____

Address _____

Head of House _____ Phone Number _____

Men Women Coed Women with Children Other _____

Do Men and Women Share a Bathroom Y N | *Coed Homes must have Separate bedrooms and bathrooms for men & Women

Bedrooms _____ | Do all Bedrooms have Approx. 50 Sq. Ft. gross floor area per occupant. Y N

Total Beds _____ | Do all beds have bedding and in livable condition. Y N

Bathrooms _____ | Are all bathrooms safe from electrical hazards. Y N

Refrigerators _____ | Are all fridges Working Properly between 35 and 38 degrees. Freezer at 0 degrees. Y N

Are More than 6 people Sharing a bathroom Y N | No more the 6 per bathroom.

Are More than 4 people Sharing a Fridge Y N | No more than 4 people per fridge.

Communal Space | Living Room Dining room Laundry Room Front Porch Yard Other

Are all areas of the home inside or outside free from clutter & Meet the CVSLA standards Y N

*All areas of the home must be neat and free from clutter. Home must be free from rotting food, dust, dirty laundry, or debris.

Health & Safety

Does each guest have a lock box where medication is stored Y N (Recommended)

Are Smoking areas located outside where neighbors aren't affected Y N

Is House address visible from the street Y N

Functioning Smoke alarms in each bedroom Y N

Functioning CO2 Detectors located near sleeping areas Y N

Charged fire extinguisher mounted in kitchen Y N

Are extension cords being used properly Y N

GFI's in all bedrooms & Kitchens Y N

Escape Ladder on 2nd floor. Easily assessable Y N

Is the water heater strapped Y N

Management Review

Are intake files locked and safe Y N

Drug test logs being kept Y N

Monthly safety log current Y N

House Rules Posted or Available upon request by Guest Y N

Emergency Phone numbers posted Y N

Grievance procedure posted Y N

Does the home fit in the neighborhood Y N

CVSLA Application Y N

Liability Insurance Declaration page Y N

Signed code of ethics Y N

Copy of intake Packet Y N

Inspector Notes

Inspector Signature _____ Date _____