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Site Inspection Check List for:

## Detox Rooms - OAR 333-535-0065

PR#			Date: Ir	nspector:
Proje				
Addı	ress:			
			e Inspection:	
Inter	nded	Оссі	ıpancy Date:	
Required <b>PRIOR</b> to Approved Inspection:  RECEIVED?  YES NO NA  Certificate of Occupancy (CO) from governing jurisdiction				
MEP Close-Out verification (if required)				
			ECTION:  = Verify that the facility has	installed:
DE	ГОХ	RO	OMS:	
YES	NO	NA	In hospitals that provide drug or provided: 333-535-0065 (1)	r alcohol detoxification services the following shall be
			Minimum of one room provided Located to allow direct observation	
			Windows shall be of security type that can only be opened by keys or tools that are under the control of staff. 333-535-0065 (1)(a)	
			An adjoining or closely available detoxification patients only. 33	e toilet room and a hand-washing station serving 33-535-0065(1)(b)