

# MONTHLY INSPECTION FORM

(Group Home Program Only)

**Submit monthly with PCS Logs and Time/Cost Reports!**

**Biohazard Disinfection Report:**

The following was disinfected for 20 minutes with 1 part chlorine bleach to 10 parts water. Staff wore utility gloves during disinfection and washed them with germicide afterward.

ITEM	DATE	INITIAL
Top of Washer and Dryer		
Top of First Aid Station		
Sink by First Aid Station		
Bio-hazardous Containers		

**Furnace Filter Replacement:**

Date All Furnace Filters Replaced: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**Van Inspection:**

To be performed by staff or at a full-service gas station.

ITEM	DATE	INITIAL
Oil		
Transmission Fluid		
Washer Fluid		
Coolant		
Brake Fluid		
Tire Pressure		

**Monthly Supply Check:**

Date Check Completed: \_\_\_\_\_

ITEMS CHECKED	ITEMS NEEDED	SIZE	QTY.
Disposable Smocks			
Disposable Gloves			
Utility Gloves			
Red Bags			
Moist Towelettes (for van)			
Coverall Face Shield			
Biohazard Labels			
Disposable CPR Mouthshields			
Wisk Brooms			
First Aid Supplies			

STAFF SIGNATURE: \_\_\_\_\_ Home :

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