

ITEM	YES	NO	N/A
1. Water Source/Sewage Disposal			
A. Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors/Walls/Ceilings			
A. Clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emergency Lighting			
A. Emergency lighting maintained and in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Emergency exit signs maintained and illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire Protection and Safety			
A. Smoke detectors hardwired with battery back up in appropriate areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Fire alarm system tested and approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Portable fire extinguishers proper location and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sprinkler system maintained in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Evacuation routes posted where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Stairs, hand rails, and ramps maintained and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Vertical openings protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Life Safety			
A. CO2 detectors installed and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. GFCI and proper wiring installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Combustibles properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Electrical panels protected, labeled, and no obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Plumbing/Mechanical			
A. Restrooms have mechanical ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Boilers/pressure vessels certified and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Proper air gaps, no cross connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ventilation of appliances/utility room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sanitation/Housekeeping			
A. Mattresses and box springs in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Proper facilities to wash, rinse, and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. No evidence of pests- staff trained on bed bugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ice machines, scoops, liners clean and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Garbage and refuse properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Owner Signature:	Date:
EPHS Signature:	Date: