

A. GENERAL SAFETY		YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>					
1.	Is there a First Aid Kit on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a certificate of occupancy? What is the square footage? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there an elevator inspection certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are work areas free of tripping hazards (cords/wires, free-standing electrical fixtures, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is adequate and functioning lighting provided in all work areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is furniture (e.g. desks, chairs, filing cabinets) in good and safe condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Safety Concerns and Comments :					

B. FIRE & ELECTRICAL HAZARDS PREVENTION AND SAFETY		YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>					
1.	Are an adequate number of portable fire extinguishers provided so that they are readily accessible in the case of an emergency? How many? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are portable fire extinguishers mounted, located and easily identifiable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are portable fire extinguishers inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are all fire alarms functioning properly and tested annually? Date of most recent test: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the building have a sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire & Electrical Hazard Prevention and Safety Concerns and Comments :					

C. GENERAL ENVIRONMENTAL CONTROL		YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>					
1.	Is the heating/air conditioning working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are restroom facilities clean, sanitary, and adequately stocked with the necessary supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are drinking fountains clean and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are walls and woodwork clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are floors being maintained adequately (carpet and floors free of rips, tears and debris)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Environmental Control - Concerns and Comments:					

D. EGRESS	YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>				
1. Are devices or alarms, which were installed to restrict the improper use of an exit, functioning so that they do not impede emergency use of such exit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all emergency exit doors clearly marked and functioning properly with visible signs and directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are doors arranged to be readily opened from the egress side whenever the building is occupied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are stairways well lighted, handrails in good condition, and stair treads in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are halls, stairwells, and exits clear of boxes, furnishings, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a plan for disabled individual to exit in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egress Concerns and Comments:				

E. MAINTENANCE (Exterior and Interior)	YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>				
1. Does the exterior of the building present any safety concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are doors and locks in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all windows unbroken and free from any type of damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there clear and adequate signage on the exterior of the building to identify the institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance (Exterior and Interior) Concerns and Comments:				

F. Equal Employment Opportunity (EEO) & American with Disabilities (ADA)	YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>				
1. Are the required employment related posters visible to staff? <i>(Wage & Hour, Unemployment Compensation, Workers' Compensation, Occupational Safety and Health, Child Labor Law, Family Medical Leave Act, Equal Employment Opportunity)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Per Section 504 of the Rehabilitation Act of 1973, is there adequate parking for persons who use wheelchairs? Total spaces/# required to be accessible <i>1 to 25/1 space, 26 to 50/2 spaces, 51 to 75/3 spaces, 76 to 100 /4 spaces</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there at least one entrance to the facility that is wheelchair accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do inaccessible entrances have signs indicating the nearest accessible entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the institution provide written and spoken information in alternative format of language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are services provided to persons who are limited in English proficiency? <i>(Describe the methods)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is assistive equipment available for individuals with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the provider been required to make any accommodation in the past year? If so, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are restroom facilities handicapped accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEO and ADA Concerns and Comments:				

G. EQUIPMENT		YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>					
1.	Is the required equipment in place (chalk or white boards, audio-visual, projectors, screens, etc.)? <i>(If not, provide an explanation, the type of equipment, and what is the anticipated delivery date.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the equipment readily available for participants as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the equipment appear current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is a copy of the lease or purchase agreement available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is there a maintenance/repair agreement for the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are laboratories fully stocked and in proper functioning order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<u>For Nursing Programs Only</u> HHA requirements: patient bed, nightstand, thermometers, stethoscopes, blood pressure cuffs, balance type or electronic scale, hygiene supplies (bath, oral, denture, hair, nail care), elimination equipment (bed pans, urinal, urinary drainage bags, ostomy supplies), linens, elastic anti-emboli hose, hand-washing equipment, clean gloves, oxygen equipment (nasal cannula, masks, portable oxygen tank or concentrator), wheelchair gait belt, walker, cane, counter space for simulated meal prep HHA requirements: patient bed, over bed table, nightstand, privacy curtains & call bell, thermometers, stethoscopes, blood pressure cuffs, balance-type scale, hygiene supplies (bath, oral, denture, hair, nail care), elimination equipment (bed pans, urinal, urinary drainage bags, ostomy supplies), linens, hand-washing equipment, clean gloves, wheelchair gait belt, walker, cane, anti-embolic hose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<u>For Barbering & Cosmetology Programs Only</u> School Requirements: custodial equipment, covered containers lined with disposable plastic bags, disinfectant and fungicide supplies, clean towels, hair capes, shampoo capes, neck strips and suitable dispensers, hairdryers, hairdressing stands with shelf and mirror; and facial or all-purpose chairs or tables; curling irons, hot combs, combs & brushes, hair clips/pins, mannequins with full heads of hair for each student, time clocks/timers, thermal hair straighteners Station or Booth Equipment: all-purpose barer, cosmetology facial chair or table, covered container for disinfecting tools, closed cabinet or covered container for clean tools, shampoo dispenser (if necessary), waving fluid dispenser (if necessary), closed container for waste materials, portable shampoo board (where necessary), all-purpose stool, barber chair with head rest & changeable cover, 1 closed container for soiled linen, 1 closed container for used papers, automatic lathering device (where necessary), clean head-rest covers and suitable dispensers, manicuring stand (stationary or mobile) with lamp, at least 2 complete sets of manicuring instruments, 1 general purpose sink with running hot and cold water for every 12 manicure stations, dispenser pumps, spray type containers, or spatulas to dispense fluids, creams and lotions; sufficient electrical outlets and dermal lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Concerns and Comments:					

H. OFFICE/BREAK SPACE		YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>					
1.	Is there adequate office space for staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there adequate lounge/break space for students and staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. LIBRARY/ INSTRUCTIONAL RESOURCES		YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>					
1.	Are there enough instructional materials for each student? (i.e. desks or tables, chairs, computer stations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are library/instructional materials current? <i>(Use the list provided in the application to verify availability of materials and resources available for students and faculty.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do students have web-based access to library?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the library have seating and workspace for quiet study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library & Instructional Resource Concerns and Comments:					

J. STUDENT RECORDS		YES	NO	N/A	Unable to Determine
<i>Explain NO & N/A responses. List specific concerns and proposed corrective action where appropriate in the comment section and include question number.</i>					
1.	At a minimum do the student records contain the following information: name of student, student address, title of program(s) in which enrolled, total # of hours of instruction received, dates of enrollment, grade record for each course/lesson/unit and cumulative GPA, degree/diploma/certificate or other credential awarded, records related to financial payments and refunds, basis for admission, record for any grievance and subsequent resolution, all correspondence related to recruitment, enrollment and placement of the student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are the student records kept in a secure location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Records Concerns and Comments:					