

OUTPATIENT FACILITY WALK THROUGH

Date of Visit: _____
 Program: _____

ASAM LOC/Modality: _____
 Facility Type: _____

There is evidence of the following during the walk through:	Compliance				Findings	Class	Reference
	Y	N	NA	%	Class: H = HIPAA, Q = Quality, R = Recoupment, S = Safety		

POSTING REQUIREMENTS

1				#####		Q	AOD 20020
2				#####		S	PM p.72
3				#####		Q	IA (III)(PP)(7)(vii)
				#####		Q	
				#####		Q	
				#####		Q	

BUILDING AND GROUNDS

4				#####		R	AOD 20000(a) 9 CCR § 10581(a) PM p. 70 & 71
				#####		Q	
				#####		Q	
				#####		Q	
				#####		Q	
				#####		Q	
5				#####		Q	AOD 20000(a)(2) PM p. 71
6				#####		S	AOD 20000 (a)(6) 9 CCR § 10581(c)
7				#####		S	AOD 20000 (a)(5) 9 CCR § 10581(b) PM p. 71
				#####		S	
				#####		Q	
				#####		Q	
8				#####		Q	9 CCR § 10584 (b) PM p. 71
9				#####		R	9 CCR § 10584 © PM p. 71
10				#####		Q	9 CCR § 10584 (a) PM p. 71
11				#####		R	9 CCR § 10584 € PM p. 71
12				#####		S	AOD 20000 (a)(4) PM pg 71

WASTE/CHEMICAL DISPOSAL

