



STATE OF MONTANA
Food & Consumer Safety Section
Department of Public Health & Human Services
Community Home Inspection Report

Date _____

Page ____ of ____

Facility Name _____	License _____	Phone _____
Owner _____	Manager _____	Number of Rooms _____
Location Address _____	City _____	County _____
Inspection Purpose: Regular ____ Follow-up ____ Complaint ____ Illness Investigation ____ Pre-opening ____ Other _____		

REQUIREMENT (REFERENCE ARM TITLE 37, CHAPTER 100, SUBCHAPTER 3)	IN	OUT	NOT OBSERVED	N/A
Fire safety certification current. <i>(Based on ARM 23.7.110)</i>				
Water supply meets public water supply requirements. <i>PWSID #:</i> _____ If private, meets Circular 11, 12, 17, quarterly coliform tests taken. <i>Date of last test:</i> _____ <i>Results:</i> _____ Water supply repaired/replaced if contaminated/not adequate. Water mixing hot & cold, ≤ 120°F.				
Wastewater system meets public system requirements. <i>DEQ ID #:</i> _____ If private, meets bulletin 332. <i>Local permit #:</i> _____ Replaced/repared if failed, contaminating potable water supply/state waters.				
Solid waste containers adequate, cleaned. Weekly removal to approved landfill, in covered containers/vehicles.				
Food preparation licensed if serving people other than staff & residents. Meets ARM 37.110.2. Facilities adequate for cooking, washing, storage. Facilities clean. No home-canning except jam/jelly/fruit. Refrigerated food ≤ 45°F, safe food handling practices.				
Bedroom walls to ceiling, privacy door, window opens. 1 bed -7'x9', 2 bed -9'x13', 3 bed -13'x17'. 3 beds max per room. Beds proper size, 1/resident, clean/comfortable mattress. Bedding cleaned weekly. Furnishings for personal storage. Mirror accessible. Curtains/blinds for privacy. Clothing age/size/season appropriate considering personal choice, in good repair/quality.				
Bathroom toilet & sink per 6 residents. Tub & shower per 8 residents, anti-slip surfaces. Washcloth/towel drying space. ≥ 2 towels & washcloths per resident, washed biweekly. Personal/hygienic supplies provided if needed. Storage space for linen adequate.				
Floors/walls/ceilings/furnishings/equipment good repair, hazard-free, clean, odor-free. Floors, walls, ceilings of rooms subject to moisture smooth & non-absorbent. Furnishings movable or mounted to allow cleaning.				
Drugs stored properly, secured. Outdated/unused/deteriorated drugs discarded.				
Maintenance/cleaning policy w/ duties, methods, timeline for cleaning, repairs, safety. Plumbing fixtures in good repair, functional. Heating system, hot water tank inspected. Cleaning supplies sufficient. Storage space for supplies/equipment adequate. Toxics not accessible to residents, not stored in food prep/storage. Building exterior/yard in good repair, hazard free. Insect/rodent harborage eliminated.				
Home has personalized atmosphere. Tables, chairs, sofas, lamps in living room. Temperature comfortable. Lighting for bathrooms, reading rooms ≥ 30 ftcandles. Hallways, other rooms ≥ 10 ftcandles. ADA compliant. Access to shopping, recreation, community services.				
Staff sufficient to supervise/care for/train residents, no impairments. ≥ 1 trained manager.				

Report Received By _____ Title _____

Inspector _____ Phone _____ Follow-up inspection required: Yes / No