

DATE:					
FACILITY/LOCATION:					
ASSESSED BY:					
FACILITY CONTACT:					
FACILITY CONTACT INFO:					
SUITABILITY SCALE (0 = not suitable → 5 = very suitable)					
FACILITY REQUIREMENTS	CONSIDERATIONS	YES	NO		WORK REQUIRED/COMMENTS
LOCATION ASSETS	Easy to access by public transportation				
	Parking lot and paved exterior area				
	Number of parking spaces <i>(comments only)</i>				
	Transit access				
	Transportation hindrances for any vehicle				
	Adequate access for large delivery vehicles				
	Sensitive Neighborhood (ie residential area, school nearby)				
EXTERNAL	Appears to be structurally sound				
	Good exterior Appearance				
	Adequate Drainage				
	Wheelchair accessible <i>(ramps, not stairs)</i>				
	Obstruction free access from parking lot?				
	Well maintained grounds				
	Loading dock <i>(based on largest vehicle)</i>				
	Sensitive neighbours and/or abutters				
	Dumpster/Compacter				

FACILITY REQUIREMENTS	CONSIDERATIONS	SUITABILITY SCALE (0 = not suitable → 5 = very suitable)		WORK REQUIRED/COMMENTS
		YES	NO	
INTERNAL	General condition of interior			
	Is facility clean and mold-free?			
	Evidence of roof leaks?			
	Licensure of safety systems (such as fire alarm systems, elevators, inspection certificates, etc.)			
	Fire alarm/suppression system adequate for clinical facility use			
	Back-up generator?			
	Well Ventilated?			
	Air Conditioned?			
	Clean and well maintained?			
	Smooth, sealed flooring?			
	Are doors & corridors wide enough for stretchers?			
	Is there large open space adequate for 30 beds?			
	Is there a location suitable for clean utility?			
	Is there a location suitable for soiled utility?			
	Are there adequate Bathroom facilities			
	Are there adequate shower facilities			
	Facility-wide paging/alarm system?			
	Telephone connection?			
	Internal room to room telephone/intercom system?			
	High Speed Internet connections?			
	Data ports distributed around the facility?			
	Adequate Lighting?			
	Many electrical outlets?			
	Adequate Water Supply?			
	Water heating systems operational?			
	Is elevator required to access pt. care area?			
	Much equipment/furniture to be relocated?			
	Is there a kitchen? (note-general condition and major equipment)			
TOTAL SUITABILITY SCALE				0

ACCOMODATION	CONSIDERATIONS	No.	NOTES
INTERIOR SPACE	Number of floor levels		
	Approximate facility Area (Square Feet)		
	No. of rooms suitable for patient accomodationand their approx. dimensions		
	Approximate number of beds that can be accomodated.		
	No. of Male Washrooms (urinals and toilets)		
	No. of Female Washrooms (toilets)		
	Number of Male Showers		
	Number of Female Showers		
	Number of undesignated Showers		