

DOEHRS-IH EHM: HABITABILITY SANITATION REPORT

1. FACILITY NAME:	2. FACILITY ADDRESS:	3. INSTALLATION:	4. START DATE (YYYYMMDD):	TIME (HH:MM):
			5. END DATE (YYYYMMDD):	TIME (HH:MM):

6. INSPECTOR <i>(Surveyor)</i>	a. Name <i>(Last, First, M.)</i> and Rank:	b. Phone:	c. Email:	d. Unit/Organization:
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7. PERSON IN CHARGE (PIC)	a. Name <i>(Last, First, M.)</i> :	b. Phone:	c. Email:
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8. CONTRACTOR OPERATED <i>(Select one)</i>	Yes No	9. SWIMMING POOL CO-LOCATED <i>(Select one)</i>	Yes No	10. FOOD OPERATIONS PRESENT <i>(Select one)</i>	Yes No
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11. MAXIMUM CAPACITY <i>(Occupancy)</i>	This space left blank				
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12. INSPECTION TYPE <i>(Select one)</i>	a. Routine	b. Follow-Up	c. Complaint	d. Pre-Opening	e. Other <i>(Specify)</i> :
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Item	Common Areas	Yes	No	N/A
1	All floors clean, free of spills, debris and trip hazards?			
2	Ceilings clean, free of holes, and water leaks?			
3	Walking routes are adequately lit and free of safety hazards to pedestrians?			
4	Adequate lighting throughout facility, properly shielded?			
5	Trash receptacles covered and lined with plastic bags and emptied on a daily basis?			
6	Adequate number of water fountains cleaned and disinfected daily?			
7	Lounge area floors and furniture clean and in good repair?			
8	Common use appliances in kitchen/break area clean, free of insects, foul odors and food and drink spills?			
Item	Living Areas	Yes	No	N/A
9	Gear lockers clean and all chemicals and equipment properly stored?			
10	Living areas are climate controlled to meet local weather variations?			
11	Rooms that are not air-conditioned have screened windows and self-closing doors?			
12	No animals allowed in living areas (exceptions: service animals, military working dogs or as permitted by lodge manager or installation commander)?			
13	Mattresses and pillows clean and free of defects, separate linen issued for individual use?			
14	Use of polyurethane pillows aboard ship prohibited?			
15	Mattress foam inserts have "low smoke" foam rubber?			
16	Bedding changed frequently to prevent odor accumulation?			
17	Head-to-foot sleeping arrangements for occupants of adjacent beds OR Privacy curtains installed at each bed?			
18	Hot bunking prohibited (Except for instances of operational necessity)?			
19	Adequate number of toilets, urinals, lavatories, and showers provided and kept clean and operable?			
20	Shower curtains, mats, walls, and floors cleaned and sanitized at sufficient intervals to prevent mildew, odor, soap accumulations?			
21	During sewage backflow and overflowing toilets units/spaces immediately secured till fixed then cleaned and sanitized?			
22	Personal living space?	>71 ft ²	40-71 ft ²	<40 ft ²

Item	Living Areas (Continued)	Yes	No	N/A
23	Floor space appropriate to rank of individual(s) occupying room?			
24	Hot water delivered to the user at temperatures not exceeding 110° F?			
25	Temporary lodging facilities cleaned thoroughly after each occupancy?			
26	Dishes, pots and pans, blankets and bedding inspected for cleanliness prior to occupancy?			
27	Cleaning gear readily available for use by patrons on a day-to-day basis?			
Item	Duty Rooms	Yes	No	N/A
28	Furnished with two clean sheets and a pillow case (hot bunking not allowed)?			
29	Common use mattresses and pillows have mattress and pillow covers to protect from staining by body discharges?			
Item	Contract Civilian Berthing	Yes	No	N/A
30	The entire areas, including the restroom cleaned daily?			
31	Beds, nightstands, and other common use equipment cleaned weekly?			
32	Adequate sanitation and maintenance of recreational facilities, laundry facilities and other personnel support facilities?			
33	If contract includes meals, kitchen is inspected by EH/PM/PH personnel?			
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13. OVERALL REMARKS (Describe individual item deficiencies here)

14. INSPECTION RATING:	Satisfactory	Unsatisfactory	15. FOLLOW-UP REQUIRED:	Yes	No	16. FOLLOW UP NLT DATE (YYYYMMDD)	
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17. SIGNATURE: *Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and date scheduled for follow-up inspection (unsatisfactory inspections only).*

a. Inspector Signature		b. DATE (YYYYMMDD):
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c. Person In Charge Signature		d. DATE (YYYYMMDD):
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