Oregon Health Authority
Facilities Planning & Safety Unit

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Site Inspection Check List for:

# Medical Records Unit - OAR 333-535-0200

PR# _____ Date: _____ Inspector: _____

Provider: _____

Project: _____

Address: _____

Present at Site Inspection:

_____

Intended Occupancy Date: _____

| Required **PRIOR** to Approved Inspection: | RECEIVED? YES | NO | NA |
|---|---|---|---|
| Certificate of Occupancy (CO) from governing jurisdiction | ☐ | ☐ | ☐ |
| MEP Close-Out verification (if required) | ☐ | ☐ | ☐ |

## SITE INSPECTION:

## INTERIOR = Verify that the facility has installed:

## MEDCIAL RECORDS UNIT:

*YES NO NA*

The following rooms and areas shall be provided:

☐ ☐ ☐ Medical records administrator/technician office or space. 333-535-0200 (1)

☐ ☐ ☐ Review and dictating room(s) or spaces. 333-535-0200 (2)

☐ ☐ ☐ Work area for sorting, recording, or archiving records. 333-535-0200 (3)

☐ ☐ ☐ Storage area for records. 333-535-0200(4)