

DOEHRS-IH EHM: HABITABILITY SANITATION REPORT

See DA PAM 40-11

1. FACILITY NAME:		2. FACILITY ADDRESS:			3. INSTALLATION:		4. START DATE (YYYYMMDD)		TIME: HH:MM				
							5. END DATE (YYYYMMDD)		TIME: HH:MM				
6. INSPECTOR (Surveyor)	a. Name and Rank:			b. Phone:		c. Email:		d. Unit/Organization:					
7. PERSON IN CHARGE (PIC):	a. Full Name:			b. Phone:		c. Official Email:							
8. CONTRACTOR OPERATED (select one)	Yes	No	9. SWIMMING POOL CO-LOCATED:		Yes	No	10. FOOD OPERATIONS PRESENT:		Yes	No			
11. MAXIMUM CAPACITY (Occupancy):	This space left Blank												
12. INSPECTION TYPE: (select one)	Routine	Follow-Up	Complaint		Pre-Opening		Other (specify) :						
Item	Common Areas			Yes	No	N/A	Item	Living Areas (Continued)			Yes	No	N/A
1	All floors clean, free of spills, debris and trip hazards?						23	Floor space appropriate to rank of individual(s) occupying room?					
2	Ceilings clean, free of holes, and water leaks?						24	Hot water delivered to the user at temperatures not exceeding 110° F?					
3	Walking routes are adequately lit and free of safety hazards to pedestrians?						25	Temporary lodging facilities cleaned thoroughly after each occupancy?					
4	Adequate lighting throughout facility, properly shielded?						26	Dishes, pots and pans, blankets and bedding inspected for cleanliness prior to occupancy?					
5	Trash receptacles covered and lined with plastic bags and emptied on a daily basis?						27	Cleaning gear readily available for use by patrons on a day-to-day basis?					
6	Adequate number of water fountains cleaned and disinfected daily?						Item	Duty Rooms			Yes	No	N/A
7	Lounge area floors and furniture clean and in good repair?						28	Furnished with two clean sheets and a pillow case (hot bunking not allowed)?					
8	Common use appliances in kitchen/break area clean, free of insects, foul odors and food & drink spills?						29	Common use mattresses and pillows have mattress and pillow covers to protect from staining by body discharges?					
Item	Living Areas			Yes	No	N/A	30	The entire areas, including the restroom cleaned daily?					
9	Gear lockers clean and all chemicals & equipment properly stored?						31	Beds, nightstands, and other common use equipment cleaned weekly?					
10	Living areas are climate controlled to meet local weather variations?						Item	Contract Civilian Berthing			Yes	No	N/A
11	Rooms that are not air-conditioned have screened windows and self-closing doors?						32	Adequate sanitation and maintenance of recreational facilities, laundry facilities and other personnel support facilities?					
12	No animals allowed in living areas (exceptions: service animals, military working dogs or as permitted by lodge manager or installation commander)?						33	If contract includes meals, kitchen is inspected by EH/PM/PH personnel?					
13	Mattresses and pillows clean and free of defects, separate linen issued for individual use?						This space left Blank						
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

13. OVERALL REMARKS (describe individual Item deficiencies here)							

14. INSPECTION RATING:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	15. FOLLOW-UP REQUIRED:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. FOLLOW UP DATE NLT (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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