

Welfare and Self-Reliance Services Facility Audit Report

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Facility Information		
Auditor's name	Audit date	Attendees
Facility name	Age of facility	
Facility address	Square footage	
	Lot size	
	Cost per square foot	

Welfare and Self-Reliance Services Facility Audit Report—continued

Facility name	Audit date
Facility Usage Information	
Tenant	Square footage
Tenant	Square footage
Tenant	Square footage
Tenant	Square footage
Tenant	Square footage
Tenant	Square footage
Shared space	Square footage

Services Evaluation

Facility Standards

Are there any safety concerns?

☐ Yes ☐ No

If yes, list concerns and attach photos (if available)

Do all systems function as designed?

☐ Yes ☐ No

If no, list exceptions and attach photos (if available)

Do all surfaces function as designed?

☐ Yes ☐ No

If no, list exceptions and attach photos (if available)

Do all furnishings and equipment function as designed?

☐ Yes ☐ No

If no, list exceptions and attach photos (if available)

Do all external surfaces and landscaping function as designed?

☐ Yes ☐ No

If no, list exceptions and attach photos (if available)

Welfare and Self-Reliance Services Facility Audit Report—continued

Facility name

Audit date

Services Evaluation—continued

Are there any distractions with any of the systems?

☐ Yes ☐ No

If yes, list distractions and attach photos (if available)

Are there any distractions with any of the surfaces?

☐ Yes ☐ No

If yes, list distractions and attach photos (if available)

Are there any distractions with any of the furnishings or equipment?

☐ Yes ☐ No

If yes, list distractions and attach photos (if available)

Are there any distractions with any of the external surfaces or landscaping?

☐ Yes ☐ No

If yes, list distractions and attach photos (if available)

Have all additions, replacements, and repairs been conducted professionally, and do they meet standards?

☐ Yes ☐ No

If no, list exceptions and attach photos (if available)

Do your findings generally match those of the facilities manager's inspections?

☐ Yes ☐ No

If no, list exceptions

Facility Costs

Are this facility's costs consistent with the average of facility costs across the department?

☐ Greater by 5% or more ☐ Within the average range ☐ Less by 5% or more

List any areas of concern

Welfare and Self-Reliance Services Facility Audit Report—continued

Facility name	Audit date
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Core Objectives

Does the facility meet each program's needs?

☐ Yes ☐ No

If no, list deficiencies for each program impacted

Does the facilities manager have action plans in place for response to failure of critical equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are field personnel satisfied with the facilities manager's response time to reported issues <input type="checkbox"/> Yes <input type="checkbox"/> No	Are contracted preventive maintenance services in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often do field personnel meet with the facilities manager?	Do both the facilities manager and the field personnel understand the relationship agreement and their duties and parameters? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments or Concerns from Field Personnel

Action Items Attach additional pages, if needed.

Description	Who is responsible	Due date
Description	Who is responsible	Due date
Description	Who is responsible	Due date
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Signature

Name and title (please print)	Signature	Date
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Welfare and Self-Reliance Services Facility Audit Report—continued

Facility name

Audit date	
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Attachments

Attach floor plan or space management plan, site plan, latest facility inspection report, latest safety inspection report, and facility cost report