

REAC INSPECTOR EVALUATION

PHA _____ Date of Inspection _____

Person Conducting this evaluation _____ Title _____

Name of Inspector _____ Inspector ID _____

| | Agree Strongly | Agree | Disagree | Disagree Strongly |
|---|----------------|-------|----------|-------------------|
| Appointment time was mutually agreed upon | | | | |
| Inspector kept appointment on time | | | | |
| Inspection was conducted during normal business hours | | | | |
| Inspector seemed knowledgeable | | | | |
| Inspector treated staff and residents with respect | | | | |
| Inspector demonstrated professional common sense | | | | |
| Inspector was professional and courteous at all times | | | | |
| Inspector called out all observed deficiencies and levels | | | | |
| Inspector answered all my questions about the program | | | | |

