

## 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     |                |       |          |                   |

