

 Utah Department of Health & Human Services <small>Licensing & Background Checks</small>		License Exempt Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 05/2025)</i>
		https://adminrules.utah.gov/public/rule/R430-8				
Facility Name:		Facility ID:		Phone Number:		Notes including information from Sticky Notes
Location Address:				Email Address:		
Contact Person(s):		Tara Stafford				
Expiration Date of Application or Expiration Date of Approval:			Schedule:			
<input type="checkbox"/>	Annual Unannounced and Annual Announced Inspections Only: - Review the OL-NAICS Report.					
The facility is not on the report:			<input type="checkbox"/>	All employees on the report are eligible:		<input type="checkbox"/>
Signature Information						
Inspection Type:		Date:		Time Started:		Time Ended:
Number of rule noncompliances:			Name of Individual Informed of this Inspection:			
Licensor(s) Conducting this Inspection:					OL Staff Observing Inspection:	
<input type="checkbox"/>	The Licensor reviewed compliance.	Please sign/type individual informed name and date of review:				

