

## 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				

