

Physical Plant Provider Audit Tool

Provider: _____

Training Facilities

	Yes	No
Bed with side rails		
Linen and blanket		
Running water and basins		
Towels and washcloths		
Chair		
Commode		
Wheelchair		
Walker		

Administrative Safeguards of PHI

	Yes	No
Locked files		
PCs with password protection		
Laptops encrypted		
Printers/fax machines in secure location		
Shredding machines/bins		
No evidence of PHI exposed to unauthorized persons		

Comments:

Name of auditor: _____ Date: _____