Location Site Visit

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| --- |
| Name of facility visited |
| Address of facility |
| Reason for visit |
| Date of visit |
| Classroom |
| where is classroom located |
| approx. size |
| # desks/tables |
| # chairs |
| instructional technology available |
| downloaded copy of BON approved curriculum, if appropriate |
| additional information |
| Skills Lab |
| proximity to classroom |
| # hand wash stations |
| # hospital beds |
| # manikins with ability to use indwelling catheter |
| meets the equipment/supply list guidelines |
| equipment/supplies not verified by visitor |
| Outside of building |
| ample/sufficient parking |
| access to bus line, if appropriate |
| additional information |
| Signature of location site visitor/date |