

RESIDENT WELLNESS CENTER



INSTALLATION VERIFICATION FORM – *to be submitted upon receipt of all items*

Name of Apartment Community: _____

Date of RWC Installation: _____

Please answer the following questions by checking Yes/No where applicable:

Have you scheduled an RWC Orientation for your residents? Yes No

Have you established hours of operation for the center? Yes No

Are the hours of operation posted in a visible location? Yes No

Have you posted the Rules of Operation? Yes No

Have you updated your project’s insurance policy to include RWC equipment? Yes No

Have you arranged for local agencies to provide onsite health/fitness activities? Yes No

Is the equipment in working condition? *Please list all items and use another page if necessary.*

Item Description	Quantity	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE SEND COMPLETED FORM TO:
 CAHEC
 7700 Falls of Neuse Road
 Suite 200
 Raleigh, NC 27615
 FAX: 919.420.0019