



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**SATELLITE FACILITY INSPECTION
EMERGENCY MEDICAL SERVICE**

FACILITY INFORMATION

TYPE OF INSPECTION	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> UNANNOUNCED
TYPE OF FACILITY	SATELLITE			DATE OF INSPECTION
SERVICE NAME				SERVICE CODE
SERVICE ADDRESS				
CITY	STATE	COUNTY	ZIP CODE	
SERVICE REPRESENTATIVE PRESENT FOR INSPECTION AND TITLE				
EMS INSPECTOR				

COMPLIANCE VERIFICATION

Ohio State Board of Pharmacy License posted in conspicuous location	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Ohio State Board of Pharmacy addendum	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Appropriate Board License posted in conspicuous location	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current copy of Operating Medical Protocol on file with the Ohio State Board of Pharmacy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written plan for handling and disposal of bio-medical infectious material (OSHA 1910.1030)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current written copy of policy for use of lights and other warning devices	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adequate durable medical equipment and supplies OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written plan for restocking supplies and equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

NOTES