



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**SATELLITE FACILITY INSPECTION  
NON-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							<b>SATELLITE</b>		DATE OF INSPECTION
SERVICE NAME							SERVICE CODE		
SERVICE ADDRESS									
CITY			STATE	COUNTY		ZIP CODE			
SERVICE REPRESENTATIVE				REPRESENTATIVE SIGNATURE					
				<b>X</b>					
EMS INSPECTOR									

**COMPLIANCE VERIFICATION**

<b>CLIENT RECORDS</b>			
Transport records that include client name, beginning and ending locations, date and time of pick up and drop off, and name or ID number of driver (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

<b>OTHER DOCUMENTATION</b>			
Periodical Maintenance Program that conforms to manufacturers specifications (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documentation of periodical maintenance (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Two way communication with 110V or 12V power source backup for each device	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
EMS License displayed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**NOTES**