



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							SATELLITE		DATE OF INSPECTION
SERVICE NAME							SERVICE CODE		
SERVICE ADDRESS									
CITY			STATE	COUNTY		ZIP CODE			
SERVICE REPRESENTATIVE				REPRESENTATIVE SIGNATURE					
				X					
EMS INSPECTOR									

COMPLIANCE VERIFICATION

CLIENT RECORDS			
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

OTHER DOCUMENTATION			
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