



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**HEADQUARTERS FACILITY INSPECTION
MOBILE INTENSIVE CARE 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						DATE OF INSPECTION	
SERVICE NAME						SERVICE CODE	
SERVICE ADDRESS							
CITY			STATE		COUNTY		ZIP CODE
SERVICE REPRESENTATIVE				REPRESENTATIVE SIGNATURE			
				X			
EMS INSPECTOR							

COMPLIANCE VERIFICATION

Ohio State Board of Pharmacy License displayed	<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 Protocol as filed with the Ohio State Board of Pharmacy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written sanitation plan on site	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written plan for handling and disposal of bio-medical infectious materials	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current written copy of policy for use of warning devices	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DEA Registration certificate (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CLIA Waiver (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Random review of Patient Care Reports / EMS Reports	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Verification of EVOG Course for Non EMS personnel	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Verification of EMS Certification of EMT personnel	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Maintenance records for vehicles as specified	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Completed Periodic Mechanical Safety Report for each licensed vehicle	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Maintenance records bio-medical equipment as specified	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documentation of all periodical maintenance of patient care equipment as required by original equipment manufacturer	<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
Facilities clean and free of debris	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Crew quarters clean	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Dispatch Log Maintained as specified	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current and Valid Certificate of Liability Insurance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$500,000 General Liability, General Aggregate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$500,000 General Liability, each occurrence	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$350,000 Automobile Liability combined single limit OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$100,000 Automobile Liability, bodily injury per person AND	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$300,000 Automobile Liability, bodily injury per accident AND	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$50,000 Automobile Liability, property damage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A