



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**SATELLITE FACILITY INSPECTION
MOBILE INTENSIVE CARE SERVICE**

SATELLITE 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

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 issued license posted in conspicuous location	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current Copy of Operating 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	<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
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

NOTES