OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

SATellite FACILITY INSPECTION
AIR MEDICAL SERVICE

SATellite INFORMATION

Type of Inspection: □ NEW □ RENewAL □ REInsPECTION □ UNANNOUNCED

Type of Facility: SATELLITE

Service Name

Service Address

City State County Zip Code

Service Representative

Representative Signature: X

EMS Inspector

COMPLIANCE VERIFICATION

Ohio State Board Pharmacy License displayed [O.A.C. 4766-5-06(A)(6)] [ □ YES □ NO □ N/A]

EMS License displayed [O.A.C. 4766-5-04(A)(2)] [ □ YES □ NO □ N/A]

Drug Enforcement Agency Registration Displayed (as applicable) [O.A.C. 4766-5-09(B)(2)] [ □ YES □ NO □ N/A]

Air Operator Part 135 Certificate (as applicable) [O.A.C. 4766-5-09(B)(3)] [ □ YES □ NO □ N/A]

Facility Clean and Free of Debris [O.A.C. 4766-5-04(A)(1)] [ □ YES □ NO □ N/A]

Crew Quarters Clean [O.A.C. 4766-5-04(A)(3)] [ □ YES □ NO □ N/A]

Facility Compliant with Local Building Codes (No obvious health and safety hazards present) [O.A.C. 4766-5-04(A)(4)] [ □ YES □ NO □ N/A]

Facility Compliant with Fire Codes (No obvious health and safety hazards present) [O.A.C. 4766-5-04(A)(5)] [ □ YES □ NO □ N/A]

Adequate Durable Medical Equipment and Supplies [O.A.C. 4766-5-04(A)(8)] [ □ YES □ NO □ N/A]

Written Sanitation Plan [O.A.C. 4766-5-04(A)(7)] [ □ YES □ NO □ N/A]

Documentation of a Current Occupational Health & Safety Administration Bloodborne Pathogens Program [O.A.C. 4766-5-11(A)] [ □ YES □ NO □ N/A]

Documentation of Utilization Temporary Permit Log [O.A.C. 4766-5-16(C)] [ □ YES □ NO □ N/A]

NOTES

EMS 4024 7/21 [760-1603]