



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**SATELLITE FACILITY INSPECTION
AIR MEDICAL 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 Pharmacy License displayed [O.A.C. 4766-5-06(A)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
EMS License displayed [O.A.C.4766-5-04(A)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Drug Enforcement Agency Registration Displayed (as applicable) [O.A.C. 4766-5-09(B)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Air Operator Part 135 Certificate (as applicable) [O.A.C. 4766-5-09(B)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Facility Clean and Free of Debris [O.A.C. 4766-5-04(A)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Crew Quarters Clean [O.A.C. 4766-5-04(A)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Facility Compliant with Local Building Codes (No obvious health and safety hazards present) [O.A.C. 4766-5-04(A)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Facility Compliant with Fire Codes (No obvious health and safety hazards present) [O.A.C. 4766-5-04(A)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adequate Durable Medical Equipment and Supplies [O.A.C. 4766-5-04(A)(8)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written Sanitation Plan [O.A.C. 4766-5-04(A)(7)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documentation of a Current Occupational Health & Safety Administration Bloodborne Pathogens Program [O.A.C. 4766-5-11(A)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documentation of Utilization Temporary Permit Log [O.A.C. 4766-5-16(C)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

NOTES