



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**HEADQUARTERS FACILITY INSPECTION
EMS OR MoICU 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	HEADQUARTERS	<input type="checkbox"/> EMS	<input type="checkbox"/> MoICU	DATE OF INSPECTION
SERVICE NAME				SERVICE CODE
SERVICE ADDRESS				
CITY	STATE	COUNTY	ZIP CODE	
SERVICE REPRESENTATIVE PRESENT FOR INSPECTION AND TITLE		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 Medical 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 (OSHA 29 C.F.R. part 1910.1030)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current written copy of policy for use of lights and other 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 EVOC 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
If service operates an NEO ambulance, documented training for non-certified drivers of all of the following items:			
Driving the ambulance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Transferring patients to and from an ambulance stretcher	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Loading and unloading the stretcher to and from the ambulance with a patient	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Familiarity with the equipment and supplies in the back of the ambulance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Training on use of a stairchair or other device to transport patients up and down stairs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Training in blood borne pathogens regulations as set forth by 29 C.F.R. 1910.1030	<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 inspection 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

The Headquarters Inspection form contains the requirements as authorized by sections 4766 of the Ohio Revised Code (R.C.) and Ohio Administrative Code (O.A.C.) and as approved by the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS).

COMMENTS