



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**HEADQUARTERS FACILITY INSPECTION
AIR MEDICAL 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			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 [O.A.C. 4766-5-04(A)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Board issued license displayed in conspicuous location [O.A.C.4766-5-04(A)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DEA Registration (if 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 [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
Physical facility compliant with building codes [O.A.C. 4766-5-04(A)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Physical facility compliant with fire codes [O.A.C. 4766-5-04(A)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Verification of employee certification / license [O.A.C. 4766-5-09(B)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Random review of Patient Care Reports [O.A.C. 4766-5-09(A)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documented periodical maintenance program for aircraft [O.A.C. 4766-5-11(A)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documented periodical maintenance program bio-medical equipment, FDA compliant [O.A.C. 4766-5-11(B)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adequate durable medical equipment and medical supplies [O.A.C. 4766-5-04(A)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written sanitation plan on site [O.A.C. 4766-5-04(A)(7)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Occupational Health & Safety Administration Bloodborne Pathogens Program in place [O.A.C. 4766-5-11(A)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Statutorily required permits and licenses, e.g., fuel, oil, hazardous waste, etc. (as applicable) [O.A.C. 4766-5-09(B)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Detailed radio log [O.A.C. 4766-5-10(C)]	<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]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Emergency contact list with telephone numbers [O.A.C. 4766-5-09(B)(8)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Medical Director who holds a current and valid certificate issued under R.C. 4731 and authorized medicine and surgery or osteopathic medicine and surgery [R.C. 4766.17(B)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current and Valid Certificate of Liability Insurance [O.A.C. 4766-5-09(B)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$20,000,000 General Liability, General Aggregate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$20,000,000 General Liability, each occurrence	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
30-day Notice of cancellation to the State Board of Emergency Medical, Fire, and Medical Transportation Services.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A