



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**HEADQUARTERS FACILITY INSPECTION
EMERGENCY 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. 4766-2-04(C)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Ohio State Board of Pharmacy addendum [O.A.C. 4766-2-05(A)(10)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Appropriate Board License posted in conspicuous location [O.A.C. 4766-2-04(C)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current copy of Operating Protocol as filed with the Ohio State Board of Pharmacy [O.A.C. 4766-2-05(A)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written sanitation plan on site [O.A.C. 4766-2-04(C)(3)]	<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) [O.A.C. 4766-2-05(A)(13)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current written copy of policy for use of warning devices [O.A.C. 4766-2-05(A)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DEA registration certificate [O.A.C. 4766-2-05(A)(11)] (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CLIA Waiver [O.A.C. 4766-2-05(A)(12)] (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Random review of Patient Care Reports / EMS reports [O.A.C. 4766-2-05(A)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Verification of EVOC course for non EMS personnel [O.A.C. 4766-2-05(A)(2)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Verification of EMS certification of EMT personnel [O.A.C. 4766-2-05(A)(2)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Maintenance records for vehicles as specified [O.A.C. 4766-2-09(A)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Maintenance records bio-medical equipment as specified [O.A.C. 4766-2-09(B)(1)]	<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 [O.A.C. 4766-2-09(C)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adequate durable medical equipment and supplies [O.A.C. 4766-2-04(C)(4)] OR	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written plan for restocking supplies and equipment [O.A.C. 4766-2-05(A)(9)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Facilities clean and free of debris [O.A.C. 4766-2-04(C)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Crew quarters clean [O.A.C. 4766-2-04(C)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Dispatch log maintained as specified [O.A.C. 4766-2-06(B)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current and valid Certificate of Liability Insurance [O.A.C. 4766-2-05(A)(3)]	<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