



MOBILE PREMISE EVALUATION



New Premise Change of Ownership Rotation Other

Date: _____ Time of Arrival: _____ Time of Departure: _____

Evaluator: _____

Premise Name:	
Mailing Address:	County:
Physical Address (if different):	
Owner(s):	
Associates:	
Licensed Veterinary Technicians:	
Phone:	Fax:
Email:	
Type of Practice:	
Specialized Practice <input type="checkbox"/> (Elaborate – avian, exotics, or other)	
For Board Office Use Only:	
Date Received:	Rad. Reg #:
	Rad Eval:
	ADEM Reg #: G-VET-
	ADEM Plan Posted:
	OSHA Plan Posted:
	DEA #:
	SCSR #:
	Agreement ?:
Overall Evaluation:	
S- Satisfactory	U- Unsatisfactory

S	U	GENERAL FACILITY MUST PROVIDE:	S	U	PHARMACY MUST PROVIDE:
		clean / good repair			storage/safekeeping/prep w/State & Federal Laws
		access to water			Labels on all dispensed drugs must include; (exception-pre-labeled drugs w/proper instructions)
S	U	RECORDS MUST BE:			name/address/phone# of facility
		every animal/legible/accurate/timely			name of client
		readily accessible/prompt retrieval			name of animal
		kept min 3 years of last office visit or discharge			date dispensed
		problem oriented based medical record system utilized?			direction for use
		filed in an adequate filing system			name and strength of drugs
		herd/flock records kept per client			name of prescribing veterinarian
S	U	EQUIPMENT REQUIRED ON UNIT:			records/admin/dispensed/on clients (herd or flock)
		sterile syringes and needles			companion – records on individual patient's
		properly stored biologics			distribute/admin of CS adequately documented
		antiseptic intravenous equipment			childproof/special packaging w/State & Federal Codes
		adequate Lab aides & diagnostic equipment			Warnings:
		refrigeration (cooler, cold pack , etc.)			Veterinary Use Only!
		NOTES:			Keep Away From Children!
S	U	CLINICAL PATHOLOGY MUST PROVIDE			
		blood chemistry			PDMP – C.S. DISPENSATION RECORDS:
		culture and antibiotic sensitivity (Send to Lab)			registered with public health department
		complete blood count			dispensation records current
		histopathology (Send to Lab)			dispensation reported as required
		complete necropsy			dispensation records in patient files
		urinalysis (dipstick adequate/spec gravity must be provided)			NOTES:
		refrigeration			
		mechanical method of determination of anemia			
		flotation tests for internal parasite ova			
		adequate test to diagnose heartworm infestation			
		skin scraping for external parasites			
		Instrumentation for in hospital tests must be adequate			

S	U	SURGERY – LARGE ANIMAL	S	U	SURGERY – SMALL ANIMAL
		sterile surgical instruments			sterile surgical instruments
		access to sterilization			access to sterilization
		suture material			suture material
		intravenous equipment			intravenous equipment
		adequate anesthesia equipment available			adequate anesthesia equipment available
		adequate emergency drugs			adequate emergency drugs
		laser surgery must be in compliance with manufacturers recommendation for safety			laser surgery must be in compliance with manufacturers recommendation for safety

NOTES:

S	U	ANESTHESIA EQUIPMENT			
		Anesthesia machine – date of last service			
		Anesthesia Profiles Used?			
		Anesthesia Machine Model and / or Serial #:			
		Proper Scavenger System of Anesthetic Gas?			

S	U	HOUSEKEEPING MUST PROVIDE:	S	U	EMERGENCY SERVICES SHALL PROVIDE:
		mobile unit properly sanitized and maintained			emergency service must be provided and readily available
		safe, functional / pleasant environment			

S	U	DISPLAYS / CONTINUING EDUCATION	CONTROLLED SUBSTANCES		
		Original or Duplicate License Displayed	Federal DEA #:	Expiration Date:	
		Current Year License Displayed	Alabama SCSR #:	CS Log Current?	
		Current Year Premise Permit Displayed	Last CS Inventory?	Aware AVPWP?	
		Original Vet Tech License Displayed	Drug Free Workplace?	Employee Background Checks?	
		Current Year Vet Tech License Displayed	PDMP Registered?	PDMP Reporting?	
		Continuing Education File Current <i>(Recommend 3 to 4 years)</i>	NOTES:		

S	U	RADIOLOGY - LARGE ANIMAL	S	U	RADIOLOGY - SMALL ANIMAL
		functioning radiograph equipment adequate for diagnostic radiographs			functioning radiograph equipment adequate for diagnostic radiographs
		compliance w/State Health Department regulations			compliance w/State Health Department regulations
		use of film badge service			use of film badge service
		<i>(if exempt by State Radiology Department - attach exempt letter)</i>			<i>(if exempt by State Radiology Department - attach exempt letter)</i>
		posted safety regulations			posted safety regulations
		use of lead aprons and gloves			use of lead aprons and gloves
		film adeq / perm ID w/owner/patient name/date			film adeq / perm ID w/owner/patient name/date
		current radiograph /ready for diagnostic evaluation			current radiograph /ready for diagnostic evaluation
		written agreement for radiograph service not on unit			written agreement for radiograph service not on unit

NOTES:

RADIOLOGY – ON MOBILE UNIT <input type="checkbox"/>			RADIOLOGY – BY AGREEMENT <input type="checkbox"/>		
Radiation Registration #:			Agreement with:		
Radiograph Equipment Serial #:			Services provided:		
Film Badge(s) Current?			Attach current written agreement <i>(no more than 3 years old)</i>		
Radiology Logs Current?					
Last Date Radiograph Equipment Inspected:					
Film Badge(s) Records Current?					
FILM IDENTIFICATION:					
Owner's Name	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Patient's Name	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Date	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Premise Name (Recommend)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Case Number (Recommend)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Technique Chart Available	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
NOTES:					

ENVIRONMENTAL MANAGEMENT			
ADEM Generator ID #: G-VET-		OSHA Hazard Communication Plan	
ADEM Medical Waste Management Plan?		OSHA – Material Safety Data Sheet (MSDS)	
Plan Posted?		Plan Posted	

Owner's Signature:	Date:
Evaluator's Signature:	

