



# VETERINARY PREMISE EVALUATION



New Premise    
 Change of Ownership    
 Rotation    
 Other

Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Evaluator: \_\_\_\_\_

<b>Premise Name:</b>	
<b>Mailing Address:</b>	<b>County:</b>
<b>Physical Address: (if different)</b>	
<b>Owner(s):</b>	

<b>Associates:</b>	
<b>Licensed Veterinary Technicians:</b>	
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Type of Practice:</b>	

<b>For Board Office Use Only:</b>			
<b>Date Received:</b>	<b>Rad. Reg #:</b>	N/C	
	<b>Rad. Eval:</b>		
	<b>ADEM Reg #: G-VET-</b>		
	<b>ADEM Plan/Posted:</b>		
	<b>OSHA Plan/Posted:</b>		
<b>DEA #:</b>	<b>SCSR #:</b>	<b>Mobile Unit ?</b>	

<b>Overall Evaluation:</b>	
<b>S- Satisfactory</b>	<b>U- Unsatisfactory</b>

<b>S</b>	<b>U</b>	<b>GENERAL FACILITY MUST PROVIDE:</b>
		adequate space/safeguards
		clean/good repair
		grounds clean/well maintained
		parking area sufficient
		facilities for separation of inpatients
		signs/exterior lighting/good taste/useful I.D.
		adequate heating/cooling/ventilation
		proper lighting
		available emergency lighting
		hot/cold running water
		adequate sanitary storage
		floors/walls easily cleaned/sanitized
		Adequate outside shelter/boarding/heating/cooling

<b>S</b>	<b>U</b>	<b>MEDICAL RECORDS MUST BE:</b>
		on every animal/legible/accurate/timely
		readily accessible/prompt retrieval
		kept min 3 years of last office visit or discharge
		problem oriented based medical records system utilized?
		filed in an adequate filing system
		herd/flock records kept per client
<b>S</b>	<b>U</b>	<b>EXAMINATION FACILITY MUST PROVIDE:</b>
		table/impervious/smooth/sanitized between patients
		waste receptacle or clinic
		adequate lighting and space
		lab aides & diagnostic equipment (including an otoscope, ophthalmoscope, stethoscope, thermometer & microscope)
<b>NOTES:</b>		

S	U	PHARMACY MUST PROVIDE:
		proper storage/safekeeping/prep w State & Federal Laws
		<b>Labels all dispensed drugs must include;</b> <i>(exception-prelabel drugs w/ proper instructions)</i>
		name/address/phone # of facility
		name of client
		name of animal
		date dispensed
		direction for use
		name and strength of drugs
		name of prescribing veterinarian
		records/admin/dispensed/on clients ( <i>herd or flock</i> )
		companion – records on individual patient’s distrib/admin of CS adequately documented
		childproof/special packaging w/ST/Fed codes
		proper blood storage or blood donor available
		<b>WARNINGS:</b>
		Veterinary Use Only!
		Keep Away From Children!

S	U	PDMP – C.S. DISPENSATION RECORDS:
		registered with public health department
		dispensation records current
		dispensation reported as required
		dispensation records in patient files
S	U	CLINICAL PATHOLOGY MUST PROVIDE:
		<b>On Premise or Outside Path Scv/in reasonable time</b>
		blood chemistry
		culture and antibiotic sensitivity
		complete blood count
		histopathology
		complete necropsy
		<b>Within The Hospital:</b>
		refrigeration
		urinalysis ( <i>dipstick adequate/spec grav must be provided</i> )
		mechanical method of determination of anemia
		flotation tests for internal parasite ova
		adequate tests to diagnose heartworm infestation
		skin scraping for external parasites
		instrumentation for in hospital tests must be adequate

S	U	SURGERY MUST PROVIDE:
		performed – compatible w/ current vet practice standards
		anesthesia, asepsis, life support & monitoring
		proper recovery care / area
		a room designed/reserved ONLY for surgery
		proper/adequate lighting for surgery room
		room is clean, orderly with emergency lighting available
		gas anesthesia/positive pressure oxygen for small animal patients
		sterilize instruments w/steam pressure or autoclave
		gas sterilization for instruments which cannot be autoclaved
		cold sterilization is acceptable under field conditions

S	U	SURGERY continued:
		instruments & equip. with appropriate type of surgery service provided
		emergency drugs readily available to the surgical area
		table constructed of impervious/smooth material
		separate prep area
		sterile instrument/gown/towel/drape/glove/cap/mask
		surgical packs/packs properly I.D. with date of sterilization
		<b>LASER SURGERY ( MUST BE IN COMPLIANCE WITH MANUFACTURERS RECOMMENDATION FOR SAFETY.)</b>
		adequate protective equipment ( <i>protective eye wear</i> )
		method of sterilization ( <i>recommending gas</i> )

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

RADIOLOGY		
Source Of Radiation Registration #:	Radiology Logs Current?	
Radiograph Equipment Serial #:	Last Date Radiograph Equip Inspected:	
Film Badge(s) / Film Badge(s) Records Current?	Anesthesia Profiles Used?	
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"/>	
Views Included:	Overall Radiograph:	
VD/DV .....	Satisfactory <input type="checkbox"/>	
Lateral .....	Unsatisfactory <input type="checkbox"/>	
Right/Left Leg .....		
Other .....		
S	U	RADIOLOGY MUST PROVIDE
		functioning radiograph equip adeq for diag rads
		compliance w/ State Health Dept Regs
		use of film badge service
		<i>(if exempt by State Rad Dept - attach exempt letter)</i>
		posting safety regulations
		use of leaded aprons and gloves
		film adeq/perm ID w/owner/patient name/date
		current radiograph /ready for diagnostic eval

S	U	DISPLAYS / CONTINUING EDUCATION
		Original or Duplicate License Displayed
		Current Year License Displayed
		Current Year Premise Permit Displayed
		Original Vet Tech License Displayed
		Current Year Vet Tech License Displayed
		Continuing Education File Current <i>(Recommend 3 to 4 years)</i>

CONTROLLED SUBSTANCES	
Federal DEA #:	Expiration Date:
Alabama SCSR #:	CS Logs Current?
Last CS Inventory?	Aware AVPWP?
Drug Free Workplace?	Employee Background Checks?
NOTES:	

S	U	HOUSEKEEPING MUST PROVIDE:
		safe/functional/pleasant for clients/patients/staff
		clean, sanitary living quarters for patients
		bedding changed often/for clean/dry/minimize odors
		daily clean/disinf/food bowl/ cage/runs
		waste collection/removal in safe/sanitary manner
		interior/exterior waste receptacles removed often
		prompt/sanitary/esthetic disposal of dead animals
		biological & medical waste (including sharps)
		unclaimed animals disposed after 5 days
		elimination or control of vermin and insect pests
		adequate/daily feedings w/wholesome /nutrition/palatable food
		Exception: where medically contra-indicated
		adequate/daily fresh water w/n easy access
		Exception: where medically contra-indicated
		adequate storage of animal foodstuffs

S	U	MAINTENANCE MUST PROVIDE
		grounds and facilities properly maintained
		maintain safe, functional environment, including caging / housing for inpatients.
		fire protection equipment within easy access
S	U	LIBRARY / EMERGENCY SVC SHALL PROVIDE:
		basic textbooks/periodicals to remain updated/accessible
		emergency service <b>must</b> be provided & readily available
NOTES:		

<b>ADEM Generator ID #:</b>	<b>OSHA Hazard Communication Plan?</b> (attach copy)
ADEM Medical Waste Management Plan? (attach copy)	<b>OSHA - Material Safety Data Sheet (MSDS)</b> for each Hazardous Material Current?
Plan Posted?	Plan Posted?
Owners Signature:	Date:
Evaluator's Signature:	
Additional comments or suggestion:	