



## 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) |                    |                          |              |
| <b>For Board Office Use Only:</b>  |                    |                          |              |
| Date Received:   | Rad. Reg #:        | Unsatisfactory Findings: |              |
|  | Rad Eval:          |                          |              |
|  | ADEM Reg #: G-VET- |                          |              |
|  | ADEM Plan Posted:  |                          |              |
|  | OSHA Plan Posted:  |                          |              |
|  | DEA #:             | SCSR #:                  | Agreement ?: |
| <b>Overall Evaluation:</b>   |                    |                          |              |
| 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  |   |   | <b>Labels on all dispensed drugs must include;</b><br>(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                    |   |   | <b>Warnings:</b>  |
|   |   | refrigeration (cooler, cold pack , etc.)                     |   |   | Veterinary Use Only!  |
|   |   | NOTES:   |   |   | Keep Away From Children!  |
| S | U | CLINICAL PATHOLOGY MUST PROVIDE                              |   |   |   |
|   |   | blood chemistry  |   |   | <b>PDMP – C.S. DISPENSATION RECORDS:</b>  |
|   |   | 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 <b>must</b> 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<br><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?                             |                              |                             |  | NOTES:   |  |  |  |
| Last Date Radiograph Equipment Inspected:           |                              |                             |  |  |  |  |  |
| Film Badge(s) Records Current?                      |                              |                             |  |  |  |  |  |
| <b>FILM IDENTIFICATION:</b>                         |                              |                             |  |  |  |  |  |
| 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"/> |  |  |  |  |  |

| 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: |       |

