Veterinary Hospital Inspection Report

Date of Inspection ____________________________

Hospital Name _________________________

DBA, if applicable: ______________________

Address ______________________________

City _______________ Zip_______________

List all Owners: ___________________________________________

________________________________________________________

________________________________________________________

Responsible Veterinarian: __________________________________

Other licensees: ___________________________________________

________________________________________________________

________________________________________________________


I. Reception Area
Licenses displayed (15.14.03.01-2) ______ 24-hour notice (15.14.01.16) ______
Clean, orderly & odor controlled (15.14.03.02A) ______

II. Examination Room
Clean & sanitary (15.14.03.02B) ______ Instruments clean and sanitary ______
Lighting adequate (15.14.03.05G) ______
Sharps & surgical instruments properly disposed (15.14.03.02H1) ______

III. Surgery/Treatment (15.14.03.04)
Clean & sanitary ______
Sterilization equipment ______
Instruments, linens, gowns clean & sanitary ______
Scrub sink ______
Lighting adequate ______
Positive Pressure Oxygen Delivery System (15.14.07.08) ______
Sharps & surgical Instruments properly disposed (15.14.03.02H1) ______

IV. Controlled Dangerous Substance (15.14.01.12)
CDS Log Reviewed ______
Drugs & pharmacy adequate ______
Narcotics locked ______
Expired medications removed (15.14.01.12-3) ______
Expiration dates on pharmacy labels (15.14.01.12-2) ______
Proper labeling of secondary containers (15.14.01.12-2F) ______

V. Housing & Care (15.14.03.01-3)
Clean and sanitary ______
Cages, runs, and pens impervious & in good condition ______
Animals comfortable ______
Animals compatible ______
Exercise area ______
Lighting & ventilation ______
Temperature ______
Food & water ______
Odors controlled ______
Waste containers maintained and sanitary ______
Medical waste properly disposed ______
Vermin free ______

VI. Storage (15.14.03.06)
Food & bedding ______
Refuse stored properly ______
Adequate for carcass ______

VII. Facility (15.14.D3.05J)
Floors smooth and non-absorbent ______
Floor-wall junctions adequate ______
Walls smooth and non-absorbent ______
Ceiling in good condition ______
Windows & lighting adequate ______
Adequate space ______
Floor drainage sanitary ______
Ventilation ______
Temperature ______
Humidity ______
Fire alarm system ______
Emergency lighting ______

Comments: _______________________________________________________________________________________________

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ORDERS TO CORRECT VIOLATION(S)

Yes _____ Total number of days _______

APPROVED / DISAPPROVED

Inspector: __________________________________________

Acknowledgment of Receipt:

“I have received this inspection report and I understand the findings of this inspection.”

Veterinarian/Staff: ____________________________________

Signature

Printed: ____________________________________________