Maryland Department of Agriculture
State Board of Veterinary Medical Examiners
50 Harry S Truman Parkway, Ste. 102
Annapolis, Maryland 21401
Phone: (410) 841-5862
Fax (410) 841-5780
www.mda.maryland.gov

County/Hospital License # _____

Annual _____ Initial _____

Follow-up _____ Complaint_____

Sanitation Certificate Issued _____

Veterinary Hospital Inspection Report

Date of Inspection _____

Hospital Name _____

DBA, if applicable: _____

Address _____

City _____ Zip_____

List all Owners: _____

_____

Responsible Veterinarian: _____

Other licensees: _____

_____

_____

Status Code Explanation: 1. Compliance 2. Needs Improvement 3. Non-Compliance 4. Not-applicable

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: _____

_____

_____

_____

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: _____