



Veterinary Hospital Inspection Report

Date of Inspection _____ List all Owners: _____
 Hospital Name _____
 DBA, if applicable: _____ Responsible Veterinarian: _____
 Address _____ Other licensees: _____
 City _____ Zip _____

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

<p>I. Reception Area</p> <p>Licenses displayed (15.14.03.01-2) _____</p> <p>24-hour notice (15.14.01.16) _____</p> <p>Clean, orderly & odor controlled (15.14.03.02A) _____</p> <p>II. Examination Room</p> <p>Clean & sanitary (15.14.03.02B) _____</p> <p>Instruments clean and sanitary _____</p> <p>Lighting adequate (15.14.03.05G) _____</p> <p>Sharps & surgical instruments properly disposed (15.14.03.02H1) _____</p> <p>III. Surgery/Treatment (15.14.03.04)</p> <p>Clean & sanitary _____</p> <p>Sterilization equipment _____</p> <p>Instruments, linens, gowns clean & sanitary _____</p> <p>Scrub sink _____</p> <p>Lighting adequate _____</p> <p>Positive Pressure Oxygen Delivery System (15.14.07.08) _____</p> <p>Sharps & surgical Instruments properly disposed (15.14.03.02H1) _____</p>	<p>IV. Controlled Dangerous Substance (15.14.01.12)</p> <p>CDS Log Reviewed _____</p> <p>Drugs & pharmacy adequate _____</p> <p>Narcotics locked _____</p> <p>Expired medications removed (15.14.01.12-3) _____</p> <p>Expiration dates on pharmacy labels (15.14.01.12-2) _____</p> <p>Proper labeling of secondary containers (15.14.01.12-2F) _____</p> <p>V. Housing & Care (15.14.03.01-3)</p> <p>Clean and sanitary _____</p> <p>Cages, runs, and pens impervious & in good condition _____</p> <p>Animals comfortable _____</p> <p>Animals compatible _____</p> <p>Exercise area _____</p> <p>Lighting & ventilation _____</p> <p>Temperature _____</p> <p>Food & water _____</p> <p>Odors controlled _____</p> <p>Waste containers maintained and sanitary _____</p> <p>Medical waste properly disposed _____</p> <p>Vermin free _____</p>	<p>VI. Storage (15.14.03.06)</p> <p>Food & bedding _____</p> <p>Refuse stored properly _____</p> <p>Adequate for carcass _____</p> <p>VII. Facility (15.14.D3.05J)</p> <p>Floors smooth and non-absorbent _____</p> <p>Floor-wall junctions adequate _____</p> <p>Walls smooth and non-absorbent _____</p> <p>Ceiling in good condition _____</p> <p>Windows & lighting adequate _____</p> <p>Adequate space _____</p> <p>Floor drainage sanitary _____</p> <p>Ventilation _____</p> <p>Temperature _____</p> <p>Humidity _____</p> <p>Fire alarm system _____</p> <p>Emergency lighting _____</p>
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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: _____