



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**SATELLITE FACILITY INSPECTION
NON-EMERGENCY MEDICAL SERVICE**

FACILITY INFORMATION

TYPE OF INSPECTION				<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> UNANNOUNCED
TYPE OF FACILITY						DATE OF INSPECTION	
SERVICE NAME						SERVICE CODE	
SERVICE ADDRESS							
CITY			STATE		COUNTY		ZIP CODE
SERVICE REPRESENTATIVE				REPRESENTATIVE SIGNATURE			
				X			
EMS INSPECTOR							

COMPLIANCE VERIFICATION

CLIENT RECORDS			
Transport records that include client name, beginning and ending locations, date and time of pick up and drop off, and name or ID number of driver [OAC 4766-3-05(A)(1)] (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

OTHER DOCUMENTATION			
Periodical Maintenance Program that conforms to manufacturers specifications [OAC 4766-3-09(A)] (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documentation of periodical maintenance [OAC 4766-3-09] (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Two way communication with 110V or 12V power source backup for each device [OAC 4766-3-06]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
EMS License displayed [OAC 4766-3-04(C)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

NOTES