



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**HEADQUARTERS FACILITY INSPECTION  
MOBILE INTENSIVE CARE 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	<b>HEADQUARTERS</b>			DATE OF INSPECTION
SERVICE NAME				SERVICE CODE
SERVICE ADDRESS				
CITY	STATE	COUNTY	ZIP CODE	
SERVICE REPRESENTATIVE		REPRESENTATIVE SIGNATURE <b>X</b>		
EMS INSPECTOR				

**COMPLIANCE VERIFICATION**

Ohio State Board of Pharmacy License displayed [O.A.C. 4766-4-04(C)(2)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Ohio State Board of Pharmacy addendum [O.A.C. 4766-4-05(A)(10)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Appropriate Board License posted in conspicuous location [O.A.C. 4766-4-04(C)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current Copy of Operating Protocol as filed with the Ohio State Board of Pharmacy [O.A.C. 4766-4-05(A)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written sanitation plan on site [O.A.C. 4766-4-04(C)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written plan for handling and disposal of bio-medical infectious materials (OSHA 29 C.F.R. part 1910.1030)[O.A.C. 4766-4-05(A)(13)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current written copy of policy for use of warning devices [O.A.C. 4766-4-05(A)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
DEA Registration certificate [O.A.C. 4766-4-05(A)(11)] (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
CLIA Waiver [O.A.C. 4766-4-05(A)(12)] (if applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Random review of Patient Care Reports / EMS Reports [O.A.C. 4766-4-05(A)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Verification of EVOC Course for Non EMS personnel [O.A.C. 4766-4-05(A)(2)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Verification of EMS Certification of EMT personnel [O.A.C. 4766-4-05(A)(2)(b)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Maintenance records for vehicles as specified [O.A.C. 4766-4-09(A)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Maintenance records bio-medical equipment as specified [O.A.C. 4766-4-09(B)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Documentation of all periodical maintenance of patient care equipment as required by original equipment manufacturer [O.A.C. 4766-4-09(C)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adequate Durable Medical Equipment and supplies [O.A.C. 4766-4-04(C)(4)] <b>OR</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written Plan for restocking supplies and equipment [O.A.C. 4766-4-05(A)(9)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Facilities clean and free of debris [O.A.C. 4766-4-04(C)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Crew quarters clean [O.A.C. 4766-4-04(C)(6)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Dispatch Log Maintained as specified [O.A.C. 4766-2-06(B)(1)(a)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current and Valid Certificate of Liability Insurance [O.A.C. 4766-4-05(A)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$500,000 General Liability, General Aggregate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$500,000 General Liability, each occurrence	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$350,000 Automobile Liability combined single limit <b>OR</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$100,000 Automobile Liability, bodily injury per person <b>AND</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$300,000 Automobile Liability, bodily injury per accident <b>AND</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
\$50,000 Automobile Liability, property damage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A