



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**SATELLITE FACILITY INSPECTION  
MOBILE INTENSIVE CARE SERVICE**

**SATELLITE INFORMATION**

TYPE OF INSPECTION	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> REINSPECTION	<input type="checkbox"/> UNANNOUNCED
TYPE OF FACILITY	<b>SATELLITE</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 posted in conspicuous location [O.A.C. 4766-4-05(B)(5)]	<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(B)(5)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Appropriate board issued license posted in conspicuous location [O.A.C. 4766-4-04(C)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Current Copy of Operating Protocol on File with the Ohio State Board of Pharmacy [O.A.C. 4766-4-05(B)(1)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Written plan for handling and disposal of bio-medical infectious material (OSHA 1910.1030) [O.A.C. 4766-4-05(B)(6)]	<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(B)(3)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Adequate Durable Medical Equipment and supplies [O.A.C. 4766-4-05(B)(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(B)(4)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**NOTES**