ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. Adams St., Suite 4600, Phoenix, Arizona 85007 Phone (602) 364-1738 ♦ FAX (602) 364-1039 <u>VETBOARD.AZ.GOV</u>

# PREMISE INSPECTION REPORT

Premise Name:	Premise No:
Premise Address:	City: Zip:
Mailing Address: Zip:	City:
Telephone: ()	Business Hours:
Responsible Veterinarian:	License No:

#### **REASON FOR INSPECTION**

New Premise	New Responsible Vet	New Owner	Address Change
Scope of Service Change	Complaint	Random	Other:

#### PREMISE TYPE

Clinic/Hos	pital	Mobile Unit		Mol	oile Clinic
FOR INSPECTOR USE: (if applicable)	Spay/Neuter – primo service offered	· · ·	ary Emerg	gency Clinic – 24hr	Specialty Clinic

#### **TYPE OF PRACTICE**

Small Animal Large Animal Avian Exotic Other:
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#### SERVICES OFFERED

Housing (Definition: animals contained in a compartment)	Surgery	Diagnostics including Radiology	Pharmacy	Emergency 24/7 Not 24/7
Overnight Hospitalization	Boarding	Transportation	Other:	

### **BUILDINGS AND GROUNDS**

		X	
1. a) Is there a sign identifying the premise?	R3-11-701 (2)	Yes	No
		Not O	pen
b) If open after dusk, is sign illuminated?	R3-11-701 (2)	Yes	No
2. Are the hours of operation posted?	R3-11-701 (2)	Yes	No
3. Are premise entrances and exits safe and unobstructed?	R3-11-703 (1)	Yes	No
4. Are the grounds and premise free from refuse?	R3-11-703 (2)	Yes	No
5. Is the temperature ventilation comfortable (65° F - 90° F)	R3-11-703 (3)	Yes	No
6. Are floors, counters, tables and other equipment made of	R3-11-701(3)		
non-porous material that can be sanitized? Is the facility in	R3-11-703 (4)	Yes	No
clean condition?			
7. Is there a working scale available?	R3-11-701(9)	Yes	No

# EMERGENCY CARE

1. Does the facility provide after hours emergency care?	R3-11-502 (B)	Yes	No
2. Are there provisions to direct clients to emergency care when			
the vet is not available, including address and phone			
number of facility? (Phone & Name only required for livestock)	R3-11-502 (B)	Yes	No
3. Are copies of medical records and radiographs released to			
the animal owner or current treating vet if requested in			
required timeframes?	R3-11-501 (8)	Yes	No

#### PRACTICE MANAGEMENT

1. Are estimates of the cost of services provided to the owner?		N	0
(except livestock)	R3-11-502 (C)	Verbal	Written
2. Is there written notice to the owner that trained personnel will		N	0
not attend boarded or hospitalized animals beyond regular office hours?	R3-11-502 (A)		d Form sted Sign
3. Is the client's signed permission received prior to surgery or			
general anesthesia administered? (except livestock) Or verbal w/witness?	R3-11-502 (H)	Yes	No
4. Are hospitalized/surgical patients provided with discharge	R3-11-502 (E)	Yes	No
instructions? Is it documented that verbal or written		Verbal	Written
instructions were provided?		Yes	No
5. a) How is the animal owner's permission for euthanasia			
obtained?	R3-11-502 (F)	Verbal	Written
b) If verbal, is permission witnessed by 1 other person?	R3-11-502 (F)	Yes	No
6. Are the rules and statutes available?	Yes No	Internet	Access
7. For "Random" inspections: Is the premise license (or current renewal license) maintained in the premise for which it is issued?	R3-11-104	Yes	No

#### **EXAMINATION ROOMS**

1. Are the exam tables made of non-porous material?	R3-11-701 (3)	Yes	No
2. What disinfectant is used in the exam rooms?			

### HOUSING

1. Are there individual cages, compartments & kennel runs with latches that allow for patient comfort?	R3-11-701 (7)	Yes	No
2. Are cages sanitized at least once per 24 hours when			
housing an animal & when animal vacates the cage?	R3-11-703 (5)	Yes	No
3. Is there a separate isolation area/procedure for suspected			
or diagnosed contagious animals?	R3-11-502 (G)	Yes	No

#### <u>SURGERY</u>

1. How many surgery packs are available?			
2. Are instruments and supplies properly sterilized, including drapes and sponges?	R3-11-704 (2)	Yes	No
3. Are caps, masks, and sterile gloves and gowns available?	R3-11-704 (1)	Yes	No
4. Is oxygen available for animals receiving general anesthesia?	R3-11-704 (3)	Yes	No
5. Is there a surgery light?	R3-11-704 (5)	Yes	No
6. Is emergency lighting available?	R3-11-704 (6)	Yes	No
7. Have all expired supplies been removed?	R3-11-502 (D)	Yes	No
Expired items:			
8. Are there procedures in place to visually monitor the			
patient's recovery until extubation and the animal is able to swallow?	R3-11-502 (H)(4)	Yes	No

to swallow?	R3-11-502 (H)(4)	Yes	No
9. Is there an anesthesia log and does it contain the			
following?	R3-11-502 (H)(5)	Yes	No
a) The animal's name and species?		Yes	No
b) The name of the animal owner?		Yes	No
c) The date of administration of anesthesia?		Yes	No
d) The recovery status of the animal?		Yes	No
e) The name of the veterinarian?		Yes	No

# **CONTROLLED SUBSTANCES**

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R3-11-805 (A)	Yes	No
R3-11-502 (J) (2)	Yes	No
	Yes	No
R3-11-502 (K) (2)	Yes	No
R3-11-502 (K) (3)	Yes	No
		R3-11-502 (J) (2) Yes   Yes Yes   R3-11-502 (K) (2) Yes   Yes Yes   Yes Yes   Yes Yes   Yes Yes   Yes Yes   Yes Yes   R3-11-502 (K) (3) Yes   R3-11-502 (K) (3) Yes   Yes Yes

#### PHARMACY

1. How is the owner notified that some prescriptions only and			oally Posted
controlled products may be available at a pharmacy?	R3-11-801 (A)		ten
2. Are drugs stored per manufacturer's requirements?	R3-11-502 (I)	Yes	No
		Rx pad	phone
3. How are prescriptions provided?	R3-11-801 (B)	elect	ronic
4. Are childproof containers available?	R3-11-803 (A)(B)	Yes	No
5. Are there labels? Do they contain the following:	R3-11-802	Yes	No
a) Dispensing veterinarian's name, address (premise) and			
phone #?	32-2281(A)(1)(a)	Yes	No
b) The date the drug was dispensed?	32-2281(A)(1)(b)	Yes	No
c) The animal's name and owner's name?	32-2281(A)(1)(c)	Yes	No
d) The name, strength and quantity of the drug?	32-2281(A)(1)(d)	Yes	No
e) Directions for use and precautionary statements?	32-2281(A)(1)(d)	Yes	No
6. Are prescription-only drugs stored in an area not accessible to the public unless accompanied by staff / veterinarian?	R3-11-805 (B)	Yes	No
7. Have expired prescription-only drugs been destroyed/returned within 30 days of expiration or returned to the distributor/manufacturer, including bathing products?	R3-11-502 (J)(2)	Yes	No

Expired Controlled Substance/Pharmacy Item Name	Expiration Date	Amount

## RADIOLOGY

1. Are radiographs permanently labeled with the following:	R3-11-502 (M)	Yes	No
A) Name of animal owner?		Yes	No
B) Name of animal?		Yes	No
C) Date radiograph was taken?		Yes	No
D) Name of vet or veterinary premise?		Yes	No
E) Anatomical orientation?		Yes	No

# **SANITATION**

1. a) Is there a refrigerator/freezer for animals pending			
necropsy or disposal pick-up?	R3-11-701 (5)	Yes	No
b) Name of crematory used:			
R3-11-1001 c) Types offered: private individual commu	unal called by a	another no	ame?
2. Is there storage and disposal for hazardous waste?	R3-11-701 (6)	Yes	No
3. Is there hot and cold water? (32°F to 212°F)	R3-11-701 (4)	Yes	No

# <u>EQUIPMENT</u>

A responsible veterinarian shall ensure that equipment and supplies are available on the veterinary medical premises of an adequate number and type to provide the veterinary medical services that are offered at the veterinary medical premises.	R3-11-702	Vet Initials
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#### MEDICAL RECORDS

1. Number of medical records reviewed.			
Do they contain the following?			
2. Owner name, address and phone number?	R3-11-502 (L)(1)	Yes	No
3. Description (or color photo), sex, breed, weight, and age of the animal?	R3-11-502 (L)(2)	Yes	No
4. Date of veterinary medical service?	R3-11-502 (L)(3)	Yes	No
5. Results of exam, including TPR and general condition? (except for livestock & other defined situations/species)	R3-11-502 (L)(4)	Yes	No
6. Animal's tentative or definitive diagnosis?	R3-11-502 (L)(5)	Yes	No
7. Treatment provided to the animal?	R3-11-502 (L)(6)	Yes	No
8. Name of each medication administered, including concentration, amount, frequency and route of administration?	R3-11-502 (L)(7)	Yes	No
9. Name of each medication prescribed, including concentration, amount and frequency?	R3-11-502 (L)(8)	Yes	No
10. Name and result of each diagnostic and laboratory test conducted?	R3-11-502 (L)(9)	Yes	No
11. Signature or initials of the person making the entry in the medical record? Same for vet providing services?	R3-11-502 (L)(10)(11)	Staff: Vet:	Yes No Yes No
12. Within 6 hours of an anesthesia or surgery, an exam including, the animal's TPR, general condition, and diagnosis? (exceptions defined)	R3-11-502 (H)(2)	Yes	No
13. A HR and RR recorded immediately after anesthesia is administered and monitored and recorded every at least every 15 minutes thereafter? (exceptions defined)	R3-11-502 (H)(3)	Yes	No
14. Is the owner given after care instructions for surgical/hospitalized animal? Is it documented in the		Verbo	al Written
record?	R3-11-502 (E)		mented in cord?

# MEDICAL RECORDS REVIEWED

Owner name	Animal name	TPR	Exam Results	Diag	Treat	Med Admin/RX	Lab Results	Initial/ Sign	Sx Exam	Sx Monitor
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

#### <u>MOBILE CLINICS</u> <u>Designed to function as a self-contained clinic - R3-11-101 (17)</u>

#### The following are additional requirements for mobile clinics

1. Electrical power source?	R3-11-705 (B)(1)	Yes	No
2. Storage space for biohazardous waste pending disposal pick-up?	R3-11-705 (B)(2)	Yes	No
3. A separate storage space for transportation of deceased animals?	R3-11-705 (B)(3)	Yes	No
4. Vehicle license number?			
5. List any other premises used.			

#### **MOBILE UNITS**

#### Not designed to function as a self-contained clinic from which out-patient services are delivered to temporary sites R3-11-101 (18)

1. List the fixed premise address for the mobile unit.			
2. List any other premises used.			
3. Are controlled substances and prescription-only drugs accessible only by authorized personnel?	R3-11-706 (1)	Yes	No
4. Drugs and products are stored at temperatures according to manufacturer's labeling?	R3-11-706 (2)	Yes	No
5. Sterile surgical supplies and equipment are stored to maintain sterility?	R3-11-706 (3)	Yes	No
6. Vehicle license number?			
7. List surgeries and procedures performed at other premise(s).			
8. List surgeries conducted in the field.			

#### Arizona State Veterinary Medical Examining Board <u>PREMISE INSPECTION RESULTS</u>

Applicable Administrative Rule or AZ Statute	POTENTIAL VIOLATIONS			
The undersigned was given a copy of the inspection results and the compliance inspector discussed the inspection results with the undersigned.				

Inspector:	Date:
Veterinarian/agent:	Date:
PLEASE SEND YOUR WRITTEN PLAN FOR CORRECTING THE ABOVE BY FOR THE BOARD MEETING O	
INCLUDE:Copy of medical records;Copy ofpages of anesthe log;Copy of controlled drug dispensing log; Other:	esia log;Copy of controlled drug inventory
You may mail, fax, or email this information to th	e Board's Office at:
ARIZONA STATE VETERINARY MEDICAL EXA 1740 W. Adams St. Suite 4600, Phoenix Phone (602)364-1738 - Fax (602)364 vetboard.az.gov	, AZ 85007
<u>Tracy.Riendeau@vetboard.az.gov</u>	<u>Victoria.Whitmore@vetboard.az.gov</u>
Inspection criteria is generalized and not all aspects o required for the scope of the practice yo	