

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, SUITE 4600, PHOENIX, AZ 85007

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VETBOARD.AZ.GOV

PREMISES INSPECTION REPORT

Premises Name: _____ Premises No: _____

Premises Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____
State: _____ Zip: _____

Telephone: (____) _____ Business Hours: _____

Responsible Veterinarian: _____ License No: _____

REASON FOR INSPECTION

| | | | |
|-------------------------|---------------------|-----------|----------------|
| New Premises | New Responsible Vet | New Owner | Address Change |
| Scope of Service Change | Complaint | Random | Other: |

PREMISES TYPE

| | | | | |
|-----------------------------------------------|---------------------------------------|----------------------------------------|-------------------------|------------------|
| Clinic/Hospital | Mobile Unit | | Mobile Clinic | |
| <i>FOR INSPECTOR USE: (if applicable)</i> | Spay/Neuter – primary service offered | Vaccinations - primary service offered | Emergency Clinic – 24hr | Specialty Clinic |

TYPE OF PRACTICE

| | | | | |
|--------------|--------------|-------|--------|--------|
| Small Animal | Large Animal | Avian | Exotic | Other: |
|--------------|--------------|-------|--------|--------|

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

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------|----|
| 1. a) Is there a sign identifying the premise? | R3-11-701 (2) | Yes | No |
| b) If open after dusk, is sign illuminated? | R3-11-701 (2) | Not Open 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 non-porous material that can be sanitized? Is the facility in clean condition? | R3-11-701 (3) R3-11-703 (4) | Yes | No |
| 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? <small>(Phone & Name only required for livestock)</small> | 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? <small>(except livestock)</small> | R3-11-502 (C) | No Verbal | Written |
| 2. Is there written notice to the owner that trained personnel will not attend boarded or hospitalized animals beyond regular office hours? | R3-11-502 (A) | No Signed Form Extra: Posted Sign | |
| 3. Is the client's signed permission received prior to surgery or general anesthesia administered? <small>(except livestock)</small> Or verbal w/witness? | R3-11-502 (H) | Yes | No |
| 4. Are hospitalized/surgical patients provided with discharge instructions? Is it documented that verbal or written instructions were provided? | R3-11-502 (E) | Yes Verbal | No Written 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 stray dogs/cats scanned for microchip & is reasonable effort made to contact owner? | A.R.S. 32-2239.02 | Yes | No |
| 7. Are the Administrative Rules and statutes available? | Yes | No | Internet Access |
| 8. 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? What process exists for potentially contagious animals? | | | |

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 |

SURGERY

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|----|
| 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 |
| 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

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|----|
| 1. Are controlled substances locked up except when personnel authorized by the responsible veterinarian are present, including refrigerated controlled substances? | R3-11-805 (A) | Yes | No |
| 2. A) Have the expired controlled substances been removed? B) How are controlled substances disposed? | R3-11-502 (J) (2) | Yes | No |
| 3. Is there a separate controlled substance inventory log on the premise that has each drug name and strength separated containing the following? | R3-11-502 (K) (2) | Yes | No |
| a) Name of the controlled substance? | | Yes | No |
| b) Strength of the controlled substance? | | Yes | No |
| c) Date received by the veterinarian? | | Yes | No |
| d) Amount received by the veterinarian? | | Yes | No |
| e) Name of distributor? | | Yes | No |
| f) Invoice number? | | Yes | No |
| 4. Is there a separate controlled drug dispensing or administration log on the premise containing the following? | R3-11-502 (K) (3) | Yes | No |
| a) Name of each controlled substance? | | Yes | No |
| b) Strength of each controlled substance? | | Yes | No |
| c) Amount of each controlled substance? | | Yes | No |
| d) Name of animal? | | Yes | No |
| e) Name of animal owner? | | Yes | No |
| f) Date dispensed/administered? | | Yes | No |
| g) Name of veterinarian who dispensed/administered? | | Yes | No |
| h) Records decrement of amounts used & balance? | | Yes | No |
| 5. Whose DEA number is used for purchasing controlled substances? | | | |

PHARMACY

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|----------------|------------|
| 1. How is the owner notified that some prescriptions only and controlled products may be available at a pharmacy? | R3-11-801 (A) | Verbally | Visibly Posted | Written |
| 2. Are drugs stored per manufacturer's requirements? | R3-11-502 (I) | Yes | No | |
| 3. How are prescriptions provided? | R3-11-801 (B) | Rx pad | phone | electronic |
| 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 |
|-------------------------------------------------|-----------------|--------|
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RADIOLOGY

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|------------------------------------------------------------|---------------|-----|----|
| 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 communal called by another name? | | | |
| 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 |

EQUIPMENT

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| 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 (if available) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------|

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? <small>(except for livestock & other defined situations/species)</small> | 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: Yes No Vet: Yes No |
| 12. Within 6 hours of an anesthesia or surgery, an exam including, the animal's TPR, general condition, and diagnosis? <small>(exceptions defined)</small> | 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? <small>(exceptions defined)</small> | R3-11-502 (H)(3) | Yes No |
| 14. Is the owner given after care instructions for surgical/hospitalized animal? Is it documented in the record? | R3-11-502 (E) | Verbal Written Documented in record? |

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. | | | | | | | | | | |

MOBILE CLINICS

Designed to function as a self-contained clinic - R3-11-101 (17)

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. | | | |

PREMISES INSPECTION RESULTS

| Applicable Administrative Rule or AZ Statute | POTENTIAL VIOLATIONS |
|----------------------------------------------|----------------------|
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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 REFERENCED ITEMS TO OUR OFFICE BY _____ FOR THE BOARD MEETING ON _____.

INCLUDE: _____ Copy of _____ medical records; _____ Copy of _____ pages of anesthesia log; _____ Copy of controlled drug inventory log; _____ Copy of controlled drug dispensing log; Other: _____

You may mail, fax, or email this information to the Board's Office at:

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Inspection criteria is generalized and not all aspects or requirements may be required for the scope of the practice you provide.