



DEPARTMENT OF HEALTH PROFESSIONS

6606 W. BROAD ST.
RICHMOND, VA 23230

Rev. 12/97

SAMPLE

ANIMAL FACILITY INSPECTION REPORT

DATE	TIME
MILEAGE	
INSPECTION HOURS	WAITING TIME

FACILITY NAME		FACILITY PERMIT NO.	EXPIRATION DATE
STREET ADDRESS		CITY	ST ZIP

PHONE NO. ()	STAFF	NAME (FIRST, MI, LAST)	LICENSE NO.	EXPIRATION DATE
FAX NO. ()	VETERINARIAN IN CHARGE			
	LICENSED VETERINARIAN			
OPERATION	FROM	TO	LICENSED VETERINARIAN	
HOURS			LICENSED VETERINARIAN	
			VETERINARY TECHNICIAN	
DAYS			VETERINARY TECHNICIAN	
			VETERINARY TECHNICIAN	

TYPE OF PRACTICE:

AREA / QUESTION	YES	NO	AREA / QUESTION	YES	NO
ANIMAL FACILITY: (Req. 150-20-80)			11. Adequate size (measures _____)?		
1. Licenses available/displayed?			12. Surgical table with nonporous surface?		
2. Licenses current?			13. Storage limited to surgical items?		
STANDARDS FOR FACILITIES: (Req. 150-20-200)			14. Circle gas anesthesia machine?		
3. Facility clean and sanitary?			15. Automatic emergency lighting?		
4. Facility maintain required:			16. Surgical lighting (Candlepower _____)?		
a. Temperature between 59-86°F (temp. _____)?			17. Instrument table, stand or tray?		
b. Ventilation: System Type _____			18. Waste receptacle?		
c. Lighting:			GENERAL EQUIPMENT: (Req. 150-20-200, A (4) (e))		
d. Hot and cold running water?			19. Following equipment maintained:		
e. Toilet and lavatory facilities?			a. Steam pressure sterilizer?		
f. Method for disposal of deceased animals?			b. Internal and external sterilization monitors?		
g. Refrigeration exclusively for carcasses that require storage for more than 24 hours?			c. Stethoscope?		
5. Facility have separate reception area?			d. Ophthalmoscope?		
EXAMINATION ROOM: (Req. 150-20-200, A (4) (a))			e. Thermometer?		
6. Separate examination room?			f. Resuscitation bag?		
7. Table with nonporous surface?			g. Endotracheal tubes?		
8. Waste receptacle?			h. Scales?		
9. Sanitizing solution? (Type: _____)			i. Oscope?		
SURGERY SUITE: (Req. 150-20-200, A (4) (b))			j. Oxygen and delivery system?		
10. Reserved for surgery only?					

AREA / QUESTION	YES	NO	AREA / QUESTION	YES	NO
RADIOLOGY: (Req. 150-20-200, A (4) (c) and 150-20-200, A (3), (a) (b))			c. Animal identification?		
20. Proof of either in-house or consultant services for obtaining radiographs?	<input type="checkbox"/>	<input type="checkbox"/>	d. Date dispensed?	<input type="checkbox"/>	<input type="checkbox"/>
21. Radiographs permanently imprinted with identity of patient, date of exposure, and orientation, where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	e. Directions for use?	<input type="checkbox"/>	<input type="checkbox"/>
22. Radiographic equipment comply with requirements of F.10, Veterinary Medicine Radiographic Installations?	<input type="checkbox"/>	<input type="checkbox"/>	f. Name and strength of drug?	<input type="checkbox"/>	<input type="checkbox"/>
23. Maintain lead aprons, gloves, and exposure badges?	<input type="checkbox"/>	<input type="checkbox"/>	g. Quantity of drug dispensed?	<input type="checkbox"/>	<input type="checkbox"/>
24. Maintain x-ray machine?	<input type="checkbox"/>	<input type="checkbox"/>	h. Name of prescribing veterinarian?	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY: (Req. 150-20-200, A (2) (d))			37. Drugs in date?	<input type="checkbox"/>	<input type="checkbox"/>
25. Proof of either in-house or consultant laboratory services for performing the following tasks:	<input type="checkbox"/>	<input type="checkbox"/>	RECORD KEEPING: (Req: 150-20-190 A, G, and H)		
a. urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	38. Separate distribution record maintained in chronological order for administering and dispensing Schedule II through V drugs?	<input type="checkbox"/>	<input type="checkbox"/>
b. complete blood count	<input type="checkbox"/>	<input type="checkbox"/>	39. Distribution record contain the following:	<input type="checkbox"/>	<input type="checkbox"/>
c. flotation test for OVA of internal parasites	<input type="checkbox"/>	<input type="checkbox"/>	a. Date of transaction?	<input type="checkbox"/>	<input type="checkbox"/>
d. skin scrapings for diagnosing external parasites	<input type="checkbox"/>	<input type="checkbox"/>	b. Drug name and strength?	<input type="checkbox"/>	<input type="checkbox"/>
e. examination for circulating blood microfilaria	<input type="checkbox"/>	<input type="checkbox"/>	c. Amount of drug dispensed, administered, and wasted?	<input type="checkbox"/>	<input type="checkbox"/>
f. blood chemistries	<input type="checkbox"/>	<input type="checkbox"/>	d. Client identification?	<input type="checkbox"/>	<input type="checkbox"/>
g. cultures and sensitivities	<input type="checkbox"/>	<input type="checkbox"/>	e. Animal identification?	<input type="checkbox"/>	<input type="checkbox"/>
h. biopsies	<input type="checkbox"/>	<input type="checkbox"/>	f. Identification of person administering or dispensing the drug?	<input type="checkbox"/>	<input type="checkbox"/>
i. complete necropses, including histopathology	<input type="checkbox"/>	<input type="checkbox"/>	40. Schedule II invoices maintained separately from all other records?	<input type="checkbox"/>	<input type="checkbox"/>
j. serology	<input type="checkbox"/>	<input type="checkbox"/>	41. Schedule II through V invoices maintained in chronological order?	<input type="checkbox"/>	<input type="checkbox"/>
ANIMAL HOUSING AREAS: (Req. 150-20-200, A (2), (e) and 150-20-200, A (5) (c))			42. Schedule II through V invoices maintained on premises for two years?	<input type="checkbox"/>	<input type="checkbox"/>
26. Animal identification system?	<input type="checkbox"/>	<input type="checkbox"/>	43. Biennial inventory:	<input type="checkbox"/>	<input type="checkbox"/>
27. Separate compartments constructed to prevent residual contamination?	<input type="checkbox"/>	<input type="checkbox"/>	a. Date	<input type="checkbox"/>	<input type="checkbox"/>
28. Accommodations for separation of contagious and noncontagious animals?	<input type="checkbox"/>	<input type="checkbox"/>	b. Opening/closing of business _____	<input type="checkbox"/>	<input type="checkbox"/>
29. Exercise runs or documentation of walking in lieu of runs?	<input type="checkbox"/>	<input type="checkbox"/>	c. Signed _____	<input type="checkbox"/>	<input type="checkbox"/>
DRUG STORAGE AND DISPENSING: (Req. 150-20-190 and 150-20-200, A (4) (d))			CHANGE OF VIC INVENTORY: (Req: 150-20-180, B (2), (b), (3))		
30. Drugs stored at room temperature between 59-86°F (temp. _____)?	<input type="checkbox"/>	<input type="checkbox"/>	44. a. Date	<input type="checkbox"/>	<input type="checkbox"/>
31. Refrigerator with thermometer maintained between 36-46°F (temp. _____)?	<input type="checkbox"/>	<input type="checkbox"/>	b. Opening/closing of business _____	<input type="checkbox"/>	<input type="checkbox"/>
32. Schedule II drugs maintained under lock and key, with access to the veterinarian only?	<input type="checkbox"/>	<input type="checkbox"/>	c. Signed _____	<input type="checkbox"/>	<input type="checkbox"/>
33. Working stock of Schedule II drugs stored under separate lock and accessible to the licensed veterinary technician?	<input type="checkbox"/>	<input type="checkbox"/>	CLIENT RECORDS: (Req: 150-20-200, A (5))		
34. All drugs maintained in a secured manner?	<input type="checkbox"/>	<input type="checkbox"/>	45. Maintain a written daily record of animals treated?	<input type="checkbox"/>	<input type="checkbox"/>
35. When required, drugs dispensed in approved safety closure containers?	<input type="checkbox"/>	<input type="checkbox"/>	46. Maintain individual animal records?	<input type="checkbox"/>	<input type="checkbox"/>
36. Drugs dispensed labeled as follows:	<input type="checkbox"/>	<input type="checkbox"/>	47. Economic animal record maintained on a per-client basis?	<input type="checkbox"/>	<input type="checkbox"/>
a. Name and address of facility?	<input type="checkbox"/>	<input type="checkbox"/>	48. Client record includes:	<input type="checkbox"/>	<input type="checkbox"/>
b. Name of client?	<input type="checkbox"/>	<input type="checkbox"/>	a. Pertinent medical data?	<input type="checkbox"/>	<input type="checkbox"/>
			b. Drugs administered?	<input type="checkbox"/>	<input type="checkbox"/>

AREA / QUESTION	YES	NO	AREA / QUESTION	YES	NO
CLIENT RECORDS continued: (Req: 150-20-200, A (5))			52. Signed disclosure forms maintained on file?	<input type="checkbox"/>	<input type="checkbox"/>
c. Drugs dispensed?	<input type="checkbox"/>	<input type="checkbox"/>	REQUIREMENTS FOR CONTINUING EDUCATION:		
d. Surgical procedures performed?	<input type="checkbox"/>	<input type="checkbox"/>	53. Original C.E. documents contain:	<input type="checkbox"/>	<input type="checkbox"/>
49. Client records maintained for three years following the last visit or discharge:	<input type="checkbox"/>	<input type="checkbox"/>	a. Date?	<input type="checkbox"/>	<input type="checkbox"/>
RESTRICTED FACILITIES: (Req: 150-20-200.B)			b. Subject of program or authority?	<input type="checkbox"/>	<input type="checkbox"/>
50. Limitations on practice posted conspicuously?	<input type="checkbox"/>	<input type="checkbox"/>	c. CEU's or contact hrs.?	<input type="checkbox"/>	<input type="checkbox"/>
DISCLOSURE FORMS (Section 54.1-3806.1)			d. Certification from approved sponsor?	<input type="checkbox"/>	<input type="checkbox"/>
51. Disclosure forms in use indicating hrs. continuous medical care not available?	<input type="checkbox"/>	<input type="checkbox"/>			

GENERAL REMARKS / DOCUMENTATION

ACKNOWLEDGEMENT:
This animal facility has been inspected by an inspector of the Department of Health Professions. I acknowledge that the conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.
Immediate correction is expected for any conditions reported on this inspection report that may constitute a violation of the statutes and regulations governing veterinary medicine.
A copy of this inspection report will be reviewed by the Board of Veterinary Medicine office. If it is discovered that any of the deficiencies warrant further Board action, then I will be notified, and a reinspection may be conducted.

SIGNATURE - INSPECTOR (DEPT. OF HEALTH PROFESSIONS)		SIGNATURE - VETERINARIAN IN CHARGE OF FACILITY	
DATE	TIME OF EXIT	TITLE OF AUTHORIZED INDIVIDUAL	

FOR OFFICE USE ONLY

DEFICIENCIES THIS INSPECTION	DEFICIENCIES PREVIOUS INSPECTION	REPEATED DEFICIENCIES
------------------------------	----------------------------------	-----------------------