



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REGULATION
 2601 Blair Stone Road, Tallahassee, FL 32399-2212
VETERINARY ESTABLISHMENT INSPECTION FORM
 INSPECTION AUTHORITY - Rule 61G18-15.005(1)(2), Florida Administrative Code

Date: _____
Time: _____
Mileage: _____
Inspection Hours: _____
(Includes travel time)

ESTAB. NAME: _____ Permit No: _____
 ESTAB. ADDRESS: _____ Bus. Phone: (_____) _____
 _____ Resp. Vet.: _____

SATISFACTORY:		YES	NO	SATISFACTORY:		YES	NO
LICENSURE REQUIREMENTS				(7) FACILITIES/EQUIPMENT FOR IMMEDIATE RESUSCITATIVE CARE			
0101	Veterinarian(s) holds valid, active license [474.213(1)(i), F.S.]			0134	Clean and orderly [61G18-15.002(2)(a)8.a.]		
0102	Establishment appropriately permitted [474.214(1)(w), F.S.]			0135	Sterile instruments, drapes, caps and masks [61G18-15.002(2)(a)8.b.]		
0103	Veterinarian license(s) conspicuously displayed [474.216, F.S.]			0136	Operating table appropriate to proposed use constructed of smooth impervious material [61G18-15.002(2)(a)8.c.]		
0104	Premise permit conspicuously displayed [474.216, F.S.]			0137	Oxygen and equipment for its administration [61G18-15.002(2)(a)8.d.]		
0105	Not employing unlicensed person(s) in the practice of veterinary medicine [474.213(1)(f), F.S.]			0138	Anesthesia equipment [61G18-15.002(2)(a)8.e.]		
REQUIRED ITEMS ALL PREMISES (MANDATORY)				(8) FACILITY REQUIREMENTS			
(1) EXTERIOR				0139 Holding areas capable of sanitation/proper ventilation/sufficient lighting/size consistent with welfare of the animal [61G18-15.002(2)(a)9.]			
0106	Exterior sign legible to identify location [61G18-15.002(1)(a)1.]			0140	Sanitary cans lined with disposable bags [61G18-15.002(2)(a)10.a.]		
0107	Facility clean and in good repair [61G18-15.002(1)(a)2.]			0141	Effective insect & rodent control [61G18-15.002(2)(a)10.b.]		
0108	Telephone number for emergency care visible & legible from exterior [61G18-15.002(1)(a)3.]			0142	Carcass disposal meeting local sanitary codes [61G18-15.002(2)(a)11.]		
0109	Grounds clean and orderly [61G18-15.002(1)(b)]			0143	Emergency lighting which includes at min. a functioning rechargeable battery-operated light [61G18-15.002(2)(a)12.]		
(2) INTERIOR				0144			
0110	Restroom clean and orderly [61G18-15.002(2)(a)1.]			Fire extinguisher with current annual inspection [61G18-15.002(2)(a)13.]			
0111	Office clean and orderly [61G18-15.002(2)(a)2.a.]			0145	Refrigeration for stored drugs, biologicals, lab samples, reagents & other perishable items [61G18-15.002(2)(a)14.]		
0112	Emergency telephone answering service available 24 hours a day [61G18-15.002(2)(a)3.]			0146	Handling and disposal of biohazardous waste in accordance with Rule 64E-16, F.A.C. [61G18-15.002(2)(a)15.]		
(3) EXAMINATION AREA				0147			
0113	Clean and orderly [61G18-15.002(2)(a)4.a.]			Veterinarians must furnish clients with permanent address for obtaining medical records [61G18-15.002(3)]			
0114	Lined waste receptacle [61G18-15.002(2)(a)4.b.]			(9) FACILITIES FOR RADIOLOGY OR OUTSIDE SERVICE			
0115	Disposable towels and a sink (Sink in restroom not acceptable) [61G18-15.002(2)(a)4.c.]			0148	X-ray machine; 100 MA minimum [61G18-15.002(2)(b)1.a.]		
0116	Examination table constructed of smooth impervious material [61G18-15.002(2)(a)4.d.]			0149	Equipment necessary to produce diagnostic radiographic images [61G18-15.002(2)(b)1.b.]		
(4) PHARMACY				0150	Monitoring of exposure of personnel to radiation required [61G18-15.002(2)(b)1.c.]		
0117	Clean and orderly [61G18-15.002(2)(a)5.a.]			(10) FACILITIES FOR SURGERY OR OUTSIDE SERVICE			
0118	Blood storage or donor available [61G18-15.002(2)(a)5.b.]			0151	Clean and orderly [61G18-15.002(2)(b)2.a.]		
0119	Accurate controlled substance log [61G18-15.002(2)(a)5.c.]			0152	Sterilization of surgical equipment by autoclave or gas method [61G18-15.002(2)(b)2.b.]		
0120	Accurate patient medical records [61G18-15.002(2)(a)5.c.]			0153	Operating table appropriate for use and constructed of smooth impervious surface [61G18-15.002(2)(b)2.c.]		
0121	If controlled substances on premises, a locking, secure cabinet for storage [61G18-15.002(2)(a)5.d.]			0154	Well lighted [61G18-15.002(2)(b)2.d.]		
0122	DEA certificate on premises [61G18-15.002(2)(a)5.e.]			0155	Oxygen and equipment for its administration [61G18-15.002(2)(b)2.e.]		
0123	Segregated area for storage of expired drugs [61G18-15.002(2)(a)5.f.]			(11) HOSPITAL WARDS OR OUTSIDE SERVICE			
0124	Disposable needles and syringes [61G18-15.002(2)(a)5.g.]			0156	Clean and orderly [61G18-15.002(2)(b)3.a.]		
0125	All drugs stored on premises properly labeled with drug name, strength and expiration date [61G18-15.002(2)(a)5.h.]			0157	Holding areas - size must be consistent with the welfare of the animal [61G18-15.002(2)(b)3.b.]		
0126	All drug containers properly labeled and dispensed in child-proof containers unless otherwise requested in writing [61G18-15.002(2)(a)5.i.]			0158	Well lighted [61G18-15.002(2)(b)3.c.]		
0127	MEDICAL RECORDS as required by 61G18-18.002, F.A.C. [61G18-15.002(2)(a)6.]			0159	Proper ventilation [61G18-15.002(2)(b)3.d.]		
(5) LABORATORY				OPTIONAL ITEMS REQUIRING INSPECTION			
0128	Microscope [61G18-15.002(2)(a)7.a.]			0160	Reception area free from hazards [61G18-15.002(2)(c)1.]		
0129	Centrifuge [61G18-15.002(2)(a)7.b.]			0161	Grooming area clean and orderly [61G18-15.002(2)(c)2.]		
(6) ON PREMISES OR CONTRACT MANDATORY				0162	Kitchen/food area sanitary [61G18-15.002(2)(c)3.]		
0130	Urinalysis equipment or outside lab available [61G18-15.002(2)(a)7.c.]			EXERCISE RUNS (OPTIONAL)			
0131	Hematology facilities or outside lab available [61G18-15.002(2)(a)7.d.]			0163	Clean and secure [61G18-15.002(2)(c)4.a.]		
0132	Blood chemistry or outside lab available [61G18-15.002(2)(a)7.e.]			0164	No hazards [61G18-15.002(2)(c)4.b.]		
0133	Microbiological capability or outside lab available [61G18-15.002(2)(a)7.f.]						

Persons Employed _____ License Number _____ Persons Employed _____ License Number _____

Remarks: _____

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Signature of Owner or Licensee _____ Date _____ Inspector/Investigator Signature _____