

NORTH CAROLINA VETERINARY MEDICAL BOARD PRACTICE INSPECTION

1611 Jones Franklin Road, Suite 106, Raleigh NC 27606
(919) 854-5601 FAX (919) 854-5606



FOR OFFICE STAFF ONLY

Photo(s): _____

Violation(s): _____

Billed _____

Issued _____

\$150.00 Inspection Fee Paid with Check Number(s) _____

Will Mail Check Within 10 Business Days: _____

(The Check needs to have the Facility's Name listed)

Is this a new facility? (Y) (N)

Is this a mobile facility? (Y) (N)

Date of Last Inspection _____

Date of This Inspection _____

Practice Name: _____

Physical Address: _____
Street City Zip Code

Mailing Address: _____
Street or P.O. Box City Zip Code

County: _____ Office Telephone Number: _____

Mobile Number: _____ Fax Number: _____

Website Address: _____

Contact E-Mail Address: _____

Type of Practice: SMALL ANIMAL ___ LARGE ANIMAL ___ MIXED ANIMAL ___ EXOTIC ___

Business Hours: MONDAY – FRIDAY _____ EXCEPT _____
SATURDAY _____

**Minimum standards are*

Initials:

Date:

abbreviated as "MS"

1. Employee Information

Present Owner(s)

License# _____

License# _____

License# _____

Associate Veterinarian(s)

License# _____

License# _____

License# _____

License# _____

Registered Veterinary Technician(s)

License# _____

License# _____

License# _____

Are only Registered Veterinary Technicians being referred to/listed as Technicians? _____

If this is a Mobile Practice (Complete the Laboratory/Pharmacy/Radiology/Record Keeping/Public Notices sections below)
 (If the mobile vehicle includes a surgical suite then complete the surgery section below)

Make/Year of vehicle _____

	MEETS MS	UNSATISFACTORY
Vehicle exterior appearance/condition	_____	_____
Interior clean and orderly	_____	_____
Vehicle has working locks for security	_____	_____
Emergency light source is available	_____	_____
Instruments are cleaned between procedures	_____	_____
Instruments and drugs are stored in an orderly manner	_____	_____

Field Surgery .0207(b)(9)

	MEETS MS	UNSATISFACTORY	NA
Steam pressure/gas/autoclave is used to sterilize instruments for appropriate invasive surgery	_____	_____	_____
Cold sterilization is used for minor surgery	_____	_____	_____
Emergency drugs are available and within expiration date limit	_____	_____	_____

Mobile Practice Comments

2. Laboratory .0207(b)(10)

	<u>Meets MS</u>	<u>Unsatisfactory</u>
Clean, orderly, and dust-free	_____	_____
Refrigeration (as needed) for drugs and biologicals	_____	_____
<i>Thermometer</i>		
<i>Weight scales</i>		
<i>Otoscope</i>		
<i>Stethoscope</i>		
<i>Ophthalmoscope</i>		

Timely results can be available for the following:

	<u>In-House</u>	<u>Referred</u>	<u>NA</u>
Microfilaria or Heartworm Antigen Test	_____	_____	_____
Skin scraping for external parasites	_____	_____	_____
Flotation test for internal parasites	_____	_____	_____
Urinalysis	_____	_____	_____
Blood Chemistry	_____	_____	_____
CBC	_____	_____	_____
Necropsies/Pathology	_____	_____	_____
Micro-Hematocrit	_____	_____	_____

Laboratory Comments

3. Pharmacy .0207(b)(11)

	<u>Meets MS</u>	<u>Unsatisfactory</u>
Controlled substances in a substantially constructed & securely locked cabinet at all time	_____	_____
Controlled drug logs with date acquisition/quantity purchased/date dispensed/ Name of client&patient	_____	_____
Schedule 2 Drug log is separated from Schedule 3-5 log	_____	_____
Drugs dispensed with labels must have:		
Name of Practice	_____	_____
Practice Address Practice	_____	_____
Phone Number	_____	_____
Name of Doctor	_____	_____
Animal Identification	_____	_____
Owner's Name	_____	_____
Date	_____	_____
Drug I.D. and Strength	_____	_____
Directions	_____	_____
<i>For Veterinary Use Only</i>		
<i>Keep out of the reach of Children</i>		
Drugs are dispensed in safety containers (FDA)	_____	_____
Biologicals are stored (as needed) in a refrigerator (or cooler for a mobile practice)	_____	_____
Tablets, pills, capsules are stored in closed containers (FDA)	_____	_____
Of ten (10) drugs randomly selected, _____ were out-of-date (FDA)	_____	_____

Affix Sample of Completed Rx Label



**Pharmacy
Comments**

4. Surgery .0207(b)(9)

	<u>Meets MS</u>	<u>Unsatisfactory</u>
Clean, orderly, odor and dust-free	_____	_____
Storage is limited to items used for surgery	_____	_____
Designated room for surgery only (ex. separate dental & prep areas)	_____	_____
Well lighted (Concentrating light source & emergency lighting)	_____	_____
Quick access to emergency drugs	_____	_____
Emergency drugs within expiration date limits (FDA)	_____	_____
Oxygen under positive pressure is available	_____	_____
Endotracheal tubes		
Surgical waste receptacle	_____	_____
Sharps container is available	_____	_____
Means of sanitizing area between procedures	_____	_____
Steam pressure/autoclave/gas is used to sterilize instruments	_____	_____
Sterilized surgical packs and instruments with indicator tape & date	_____	_____

Initials:

Date:

Sterilized drapes, towels, gloves, & gowns used for sterile invasive surgery _____
 Recovery area provided where patient can be observed _____

Date of sterilization of most recent gown pack _____

Monitoring of surgical patients is done by: _____

**Surgery
Comments**

5. Radiology .0207(b)(13) & NCDHHS Radiation Protection Section

	<u>Meets MS</u>	<u>Unsatisfactory</u>
Posted Radiation Area sign	_____	_____
Posted Notice to Employees prominently displayed near machine	_____	_____
Copy of current Dosimetry Report	_____	_____
Lead aprons/gloves in good repair	_____	_____
Films are permanently marked with animal identification and date	_____	_____

Circle One: Digital DR Digital CR Hand Processed

**Radiology
Comments**

6. Record Keeping .0207(b)(12) (Based on a sample extensive medical case record)

	<u>Meets MS</u>	<u>Unsatisfactory</u>
Records maintained individually or per client (herd/flock)	_____	_____
Clinical Information includes:		
Date of Service	_____	_____
Examination Results	_____	_____
Laboratory Test Results	_____	_____
Diagnosis/Prognosis/Treatments	_____	_____
Vaccinations	_____	_____
Surgical	_____	_____
Radiographic	_____	_____
Pathology	_____	_____
Record of all drugs & doses dispensed/administered	_____	_____
Legible and sufficient information to comply with .0207 (b)(12a)	_____	_____
<i>Do the records provide sufficient information for the Board to adequately investigate potential complaints?</i>		

**Record Keeping
Comments**

7. Examination Rooms .0207(b)(8)

	<u>Meets MS</u>	<u>Unsatisfactory</u>
Clean, orderly, odor and dust-free	_____	_____
Access to sink and disposable towels (in room or reasonably convenient)	_____	_____
Table with impervious surface	_____	_____
Lighting	_____	_____
Waste receptacle lined with disposable plastic bags	_____	_____
Storage	_____	_____
Exam table is sanitized between patients	_____	_____

Initials:

Date:

**Examination
Room Comments**

8. Building .0207(b)(1,2,3,4,5,6,7)

Exterior

Clean, orderly, and in good repair
Hospital sign is easily visible from street/road

Meets MS

Unsatisfactory

Interior

Clean, orderly, and in good repair
Lighting
Ventilation/Climate Control
Hot/cold running water
Waste Receptacles
Restrooms for staff & clients are clean and free of clutter
Storage Area
Procedure in place for the prompt and sanitary disposal of deceased animals
Deceased animals are held under 24 hours or refrigerated/frozen

**Building
Comments**

9. Animal Holding Area .0207(a)(14)

Cages, runs, stalls are kept sanitary
Cages, runs, stalls are in good repair to prevent injury
Climate control
Lighting
Litter pans, bowls, racks are clean and sanitized between uses
Program to control insects and vermin
Food is stored in closed containers and refrigerated as necessary

Meets MS

Unsatisfactory

Isolation Ward

Is separate from the general traffic in practice
Has door, ventilation fan, disinfectant foot bath or disposable booties
Rubber gloves, anti-microbial soap, and designated isolation apparel

Exterior Holding Area(s)

Maintenance of good hygiene
Drainage to promote good hygiene
Shade and shelter to ensure physical comfort
Enclosed to prevent animal escape

**Holding Area
Comments**

Initials:

10. Posted Notices For The Public .0207(b)(19) & .0208(c)(d)

	<u>Yes</u>	<u>No</u>	<u>NA</u>
<i>Name of practice is posted</i>			
<i>Current Veterinary License(s) are posted</i>			
<i>Current Inspection Certificate is posted</i>			

Posted notice of a Hospital that has agreed to provide overnight care (if monitored overnight hospitalization is not available at this facility)	___	___	___
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After-hours emergency information posted for public (On front door/web site/answering machine)	___	___	___
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- Takes own emergencies
- Rotates with other area veterinary practices
- Member of an after-hours emergency practice
- 24 hour emergency practice which is open to the public
- After-hours emergency practice which is open to the public

11. Written Agreements Required (if service is not available at hospital) .0208(a)(c)(d)

	<u>Yes</u>	<u>No</u>	<u>NA</u>
_____ (After Hours Emergency Services)			

_____ (Monitored Overnight Hospitalization Services)	<u>Yes</u>	<u>No</u>	<u>NA</u>
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_____ (Radiology Services)	<u>Yes</u>	<u>No</u>	<u>NA</u>
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Written agreements are <u>current</u> and <u>available</u> for review	<u>Yes</u>	<u>No</u>	<u>NA</u>
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Inspection results discussed: (Y) (N)

Inspection Report received by (on behalf of practice): _____
(Please Print And Then Sign Your Name)

A copy of DEA, Radiology Department, and Waste Management Department information and a web link to their current regulations was received by: _____ (Person who received the material)

Inspector: _____

Date: _____

For Paper Copy: each page needs to be dated and include the initials of the inspector and recipient

SAMPLE