



Mobile Clinic Inspection Report

Name of Facility		Permit	
Address		City	Zip
Managing Licensee		Telephone	VET #
Inspection #		Inspector #	
<input type="checkbox"/> Initial Inspection	<input type="checkbox"/> Routine Inspection	<input type="checkbox"/> Follow-Up Inspection	<input type="checkbox"/>

Licensee		License #			Licensee		License #			
<input type="checkbox"/>	General	SAT	UNS	COR	<input type="checkbox"/>	Surgery	SAT	UNS	COR	
1	After Hours Disclosure CCR 2030.2(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	Separate Surgery CCR 2030.2(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	License / Permit Displayed B&P 4850	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	Surgery Lighting / X-ray / Emergency CCR 2030(g)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Correct Address B&P 4852	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	Endotracheal Tubes CCR 2032.4(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Facilities	SAT	UNS	COR	28	Resuscitation Bags CCR 2032.4(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	General Sanitary Conditions CCR 2030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	Anesthetic Equipment CCR 2030(f)(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Temp & Ventilation CCR 2030.2(b)(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	Anesthetic Monitoring CCR 2032.4(b)(3)&(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Lighting CCR 2030.2(a)(4) & (b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	Surgical Packs & Sterile Indicators CCR 2030(g)(9)&(10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Exam area CCR 2030.2(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Sterilization of Equipment CCR 2030(f)(8), (g)(8)(B) & (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Food & Beverages CCR 2030(f)(6) & 3368	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	Sanitary Attire CCR 2030(g)(11) & (h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Fire Precautions CCR 2030.2(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dangerous & Controlled Drugs			SAT	UNS	COR
12	Oxygen Equipment CCR 2030(f)(11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	Expired Drugs CCR 2030(f)(6)/B&P 4342	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Emergency Drugs & Equipment CCR 2030.2(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	Drug Security Controls CCR 2030(f)(6)/ CFR 1301.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Laboratory Services CCR 2030(f)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	Drug Logs CCR 2030(f)(6)/ CFR 1304.22(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	X-ray CCR 2030(f)(4) & 30255(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	Background Checks Unregistered Assistants B&P 4836.1(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	X-ray Identification CCR 2032.3(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	CURES Reporting B&P 4170/ H&S 11165	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	X-ray Safety Training for Unregistered Assistants B&P 4840.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	Current DEA CCR 2030(f)(6)/ CFR 1301.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Waste Disposal CCR 2030(f)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Practice Management			SAT	UNS	COR
19	Disposal of Animals CCR 2030(f)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	Managing Licensee CCR 2030.05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Freezer/Carcass Storage CCR 2030.2(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	Veterinary Reference Library CCR 2030(f)(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Compartments 2030.2(a)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	Record Keeping CCR 2032.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Mobile Clinic			SAT	UNS	COR
					43	Hot & Cold Water CCR 2030.2(a)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					44	110-Volt Power CCR 2030.2(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					45	Collection Tank for Waste CCR 2030.2(a)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					46	Floors, Tables & Counters CCR 2030.2(a)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Legend

CCR = California Code of Regulations	H&S = Health & Safety Codes	If you have questions you were not able to resolve with the inspector, you may call the Board for clarification at 916-515-5220.
B&P = Business & Professions Codes	CFR = Title 21 of the Code of Federal Regulations	

Date of Inspection:		Correction Due Date:		CAS LIC:
Time Inspection Started:	Completed:	Submit Corrections to:		
Managing Licensee Present at time of inspection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Inspected by:		Date:		
Acknowledgment of receipt by (print):		Inspector Approval Stamp:		Initial:
Signed by:				

See next page for correction items. Corrections are not final until approved by the Board.



Mobile Clinic Inspection Report

Name of Facility							Permit		
Inspection #					Inspector #				
Date of Inspection:				Corrections Due:					
Corrections Required									
Item	W	R	P	Description	Handouts	BOARD STAFF			
						UNS	COR		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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W = **W**ritten narrative describing your correction efforts, and how corrections will be maintained.
R = **R**eceipts, contractor invoices, etc to demonstrate corrections.
P = **P**hotocopy of documents or **P**ictures of the correction measures, before and after corrections and from all four cardinal points of the room. Close up and distance. Label each picture with Item # and describe in narrative how correction is demonstrated.