



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 #		
General		SAT	UNS	COR	Surgery		SAT	UNS	COR
1	After Hours Referral CCR 2030(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	Separate Surgery CCR 2030(g)(1)-(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"/>	26	Surgery Floors, Tables & Countertop CCR 2030(g)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Notice of No Staff on Premises CCR 2030(d)(3)	<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"/>
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 B&P 4854/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(f)(2)	<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(a)	<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"/>
8	Reception/Office CCR 2030(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Sterilization of Equipment CCR 2030(f)(8)&(g)(8)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Exam Rooms CCR 2030(c)	<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"/>
					Dangerous & Controlled Drugs		SAT	UNS	COR
10	Food & Beverage CCR 2030(f)(6)/3368(a)&(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	Expired Drugs CCR 2030(f)(6)/B&P 4169(a)(4)/4342	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Fire Precautions CCR 2030(f)(1)/6151(c)&(e)	<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"/>
12	Oxygen Equipment CCR 2030(f)(11)	<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"/>
13	Emergency Drugs & Equipment CCR 2030(f)(12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	Background Checks Veterinary Assistants B&P 4836.1(b)	<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"/>	38	CURES Reporting B&P 4170/H&S 11165	<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"/>	39	Current DEA CCR 2030(f)(6)/CFR 1301.11/.12	<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"/>	Practice Management		SAT	UNS	COR
17	X-ray Safety Training for Unregistered Assistants B&P 4840.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	Managing Licensee CCR 2030.05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Waste Disposal CCR 2030(f)(3)	<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"/>
19	Disposal of Animals CCR 2030(f)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	Record Keeping CCR 2032.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Freezer CCR 2030.1(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
21	Compartments CCR 2030(d)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
22	Exercise Runs CCR 2030.1(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
23	Contagious Facilities CCR 2030(d)(2)	<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:		Final Board Approval Stamp:		Initial:

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



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.