

**INSTRUCTIONS FOR COMPLETING
THE BOARD OF VETERINARY MEDICINE
VETERINARY ESTABLISHMENT BIENNIAL SELF-INSPECTION FORM**

Application begins on page 2

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

Pursuant to Rule 61G18-15.005, Florida Administrative Code (F.A.C.), the Board of Veterinary Medicine requires the responsible licensee to perform a biennial inspection of the establishment where Veterinary Medicine is practiced.

The enclosed Biennial Self Inspection form must be completed and returned to the Department within **60 days** upon receipt of this notice. The licensed veterinarian responsible for management of the establishment must affirm that the establishment is in compliance with Rule 61G18-15.002, F.A.C., by signing the form. Failure to comply with the minimum standards as outlined in Rule 61G18-15.002, F.A.C. will result in a departmental inspection and possible disciplinary action by the board.

Please send your completed application to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

www.MyFlorida.com/dbpr

DBPR VM-4909 – Veterinary Establishment Biennial Self-Inspection Form

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

**NOTE – This form must be submitted as part of an
application packet**

*If you have any questions or need assistance in completing this application, please contact the
Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

| ESTABLISHMENT INFORMATION | | |
|---|---------------|------------------------|
| Establishment Name | Permit Number | |
| Establishment Address (Street and Number) | | |
| City | State | Zip Code (+4 optional) |
| Business Phone Number | | |

| VETERINARIAN INFORMATION | |
|---|-----------------------------|
| Responsible Veterinarian Name | Veterinarian License Number |
| Note: If the current responsible veterinarian has changed from the veterinarian indicated in Department records, please indicate the reason for the change: <input type="checkbox"/> Change in ownership <input type="checkbox"/> Change in responsible veterinarian only <input type="checkbox"/> Partner/Shareholder of veterinarian indicated in Department records <input type="checkbox"/> Other (Please Explain) _____ _____ _____ | |

| AFFIRMATION STATEMENT |
|---|
| I affirm that I have provided the above information completely and truthfully to the best of my knowledge. Applicant's Signature: _____ Date: ____/____/____ |

SELF INSPECTION SURVEY

All "N/A" or "NO" answers (except those listed under optional items) should be noted below with an explanation. For example, if your clinic uses an outside service for radiology, etc., please indicate this information under "explanation" below.

| | | SATISFACTORY: | YES | NO | | | SATISFACTORY: | YES | NO |
|--|--|---------------|-----|----|--|---|---------------|-----|----|
| LICENSURE REQUIREMENTS | | | | | 0132 | Blood chemistry or outside lab available [61G18-15.002(2)(a),7,e, Florida Administrative Code] | | | |
| 0101 | Veterinarian(s) hold valid, active license [474.213(1)(i), Florida Statutes] | | | | 0133 | Microbiological capacity or outside lab available [61G18-15.002(2)(a),7,f, Florida Administrative Code] | | | |
| 0102 | Veterinary establishment appropriately permitted (including temporary permit for new clinics)[474.215(1), Florida Statutes] | | | | (7) FACILITIES/EQUIPMENT FOR IMMEDIATE RESUSCITATIVE CARE | | | | |
| 0103 | Veterinarian license(s) conspicuously displayed [474.216, Florida Statutes], [61G18-15.002(2)(a),2,b, Florida Administrative Code] | | | | 0134 | Clean and orderly [61G18-15.002(2)(a),8,a, Florida Administrative Code] | | | |
| 0104 | Premise permit conspicuously displayed [474.216, Florida Statutes], [61G18-15.002(2)(a),2,b, Florida Administrative Code] | | | | 0135 | Sterile instruments, drapes, caps and masks [61G18-15.002(2)(a),8,c, Florida Administrative Code] | | | |
| 0105 | Not employing unlicensed persons in the practice of veterinary medicine [474.213(1)(f), Florida Statutes] | | | | 0136 | Operating table appropriate to proposed use constructed of smooth impervious material [61G18-15.002(2)(a), 8.c, Florida Administrative Code] | | | |
| REQUIRED ITEMS FOR ALL PREMISES (MANDATORY) | | | | | 0137 | Oxygen and equipment for its administration [61G18-15.002(2)(a), 8.d, Florida Administrative Code] | | | |
| (1) EXTERIOR | | | | | 0138 | Anesthesia equipment [61G18-15.002(2)(a),8,e, Florida Administrative Code] | | | |
| 0106 | Exterior sign legible to identify location [61G18-15.002(1)(a),1, Florida Administrative Code] | | | | (8) FACILITY REQUIREMENTS | | | | |
| 0107 | Facility clean and in good repair [61G18-15.002(1)(a),2, Florida Administrative Code] | | | | 0139 | Holding areas capable of sanitation/proper ventilation/sufficient lighting size consistent with welfare of the animal [61G1815.002(2)(a), 9, Florida Administrative Code] | | | |
| 0108 | Telephone no. for emergency care visible & legible from exterior [61G18-15.002(1)(a),3, Florida Administrative Code] | | | | 0140 | Sanitary cans lined with disposable bags [61G1815.002(2)(a), 10.a, Florida Administrative Code] | | | |
| 0109 | Grounds clean and orderly [61G18-15.002(1)(b) Florida Administrative Code] | | | | 0141 | Effective insect and rodent control [61G1815.002(2)(a), 10.b, Florida Administrative Code] | | | |
| (2) INTERIOR | | | | | 0142 | Carcass disposal meeting local sanitary codes [61G1815.002(2)(a), 11, Florida Administrative Code] | | | |
| 0110 | Restroom clean and orderly [61G18-15.002(2)(a),1, Florida Administrative Code] | | | | 0143 | Emergency lighting which includes at minimum a functioning rechargeable battery-operated light [61G18-15.002(2)(a),12, Florida Administrative Code] | | | |
| 0111 | Office clean and orderly [61G18-15.002(2)(a)2.a., Florida Administrative Code] | | | | 0144 | Fire extinguisher with current annual inspection [61G1815.002(2)(a),13, Florida Administrative Code] | | | |
| 0112 | Emergency telephone answering service available 24 hours a day [61G18-15.002(2),3, Florida Administrative Code] | | | | 0145 | Refrigeration for stored drugs, biologicals, lab samples, reagents and other perishable items [61G1815.002(2)(a), 14, Florida Administrative Code] | | | |
| (3) EXAMINATION AREA | | | | | 0146 | Handling and disposal of biohazardous waste in accordance with Rule 10D-104, F.A.C [61G1815.002(2)(a), 15, Florida Administrative Code] | | | |
| 0113 | Clean and orderly [61G18-15.002(2)(a),4,a, Florida Administrative Code] | | | | 0147 | Veterinarians must furnish clients with permanent address for obtaining medical records [61G18-15.002(3), Florida Administrative Code] | | | |
| 0114 | Lined waste receptacle [61G18-15.002(2)(a),4,b, Florida Administrative Code] | | | | (9) FACILITIES FOR RADIOLOGY OR OUTSIDE SERVICE | | | | |
| 0115 | Disposable towels and sink (sink in restroom not acceptable) [61G18-15.002(2)(a),4,c, Florida Administrative Code] | | | | 0148 | X-ray machine; 100 MA minimum [61G18-15.002(2)(b),1,a, Florida Administrative Code] | | | |
| 0116 | Examination table constructed of smooth impervious material [61G18-15.002(2)(a),4,d, Florida Administrative Code] | | | | 0149 | Developing tanks [61G18-002.(2)(a),1,b, Florida Administrative Code] | | | |
| (4) PHARMACY | | | | | 0150 | Monitoring of exposure of personnel to radiation required [61G1815.002(2)(a),1,c, Florida Administrative Code] | | | |
| 0117 | Clean and orderly [61G18-15.002(2)(a),5,a, Florida Administrative Code] | | | | (10) FACILITIES FOR SURGERY OR OUTSIDE SERVICE | | | | |
| 0118 | Blood storage or donor available [61G18-15.002(2)(a)5,b, Florida Administrative Code] | | | | 0151 | Clean and orderly [61G18-15.002(2)(b),2,a, Florida Administrative Code] | | | |
| 0119 | Accurate controlled substance log [61G18-15.002(2)(a),5,c, Florida Administrative Code] | | | | 0152 | Sterilization of surgical equipment by Autoclave or gas method [61G18-15.002(2)(b),2,b, Florida Administrative Code] | | | |
| 0120 | Accurate patient medical records [61G18-15.002(2)(a),5,c, Florida Administrative Code] | | | | 0153 | Operating table appropriate to the proposed use, constructed of smooth impervious surface [61G18-15.002(2)(b),2,c, Florida Administrative Code] | | | |
| 0121 | If controlled substance on premise, a locking, secure cabinet for storage [61G18-15.002(2)(a)5.d, Florida Administrative Code] | | | | 0154 | Well lighted [61G18-15.002(2)(b),2,d, Florida Administrative Code] | | | |
| 0122 | DEA certificate on premises [61G18-15.002(2)(a),5,g, Florida Administrative Code] | | | | 0155 | Oxygen and equipment for its administration [61G18-15.002(2)(b),2.e., Florida Administrative Code] | | | |
| 0123 | Segregated area for storage of expired drugs [61G18-15.002(2)(a),5,f, Florida Administrative Code] | | | | (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, Florida Administrative Code] | | | |
| 0125 | All drugs stored on premises properly labeled with drug name, strength and expiration date [61G18-15.0020(a)5,h, Florida Administrative Code] | | | | 0157 | Holding areas – size must be consistent with the welfare of the animal [61G18-15.002(2)(b),3.b., Florida Administrative Code] | | | |
| 0126 | All drug containers properly labeled and dispensed in child-proof containers unless otherwise requested in writing [61G18-15.002(2)(a),5,i, Florida Administrative Code] | | | | 0158 | Well lighted [61G18-15.002(2)(b),3,c, Florida Administrative Code] | | | |
| 0127 | Medical records as required by [61G18-18.002, FAC] [61G18-15.002(2)(a),(6), Florida Administrative Code] | | | | 0159 | Proper ventilation [61G18-15.002(2)(b),3,d, Florida Administrative Code] | | | |
| (5) LABORATORY | | | | | OPTIONAL ITEMS REQUIRING INSPECTION | | | | |
| 0128 | Microscope [61G18-15.002(2)(a),7,a, Florida Administrative Code] | | | | 0160 | Reception area free from hazards [61G18-15.002(2)(c),1, Florida Administrative Code] | | | |

| | | | | | | | |
|--|--|--|--|------|---|--|--|
| 0129 | Centrifuge [61G18-15.002(2)(a),7,b, Florida Administrative Code] | | | 0161 | Grooming area clean and orderly [61G18-15.002(2)(c),2, Florida Administrative Code] | | |
| (6) ON PREMISES OR CONTRACT MANDATORY | | | | 0162 | Kitchen/food area sanitary [61G18-15.002(2)(c),3.] | | |
| EXERCISE RUNS (OPTIONAL) | | | | | | | |
| 0130 | Urinalysis equipment or outside lab available [61G18-15.002(2)(a),7,c, Florida Administrative Code] | | | 0163 | Clean and secure [61G18-15.002(2)(c),4.a, Florida Administrative Code] | | |
| 0131 | Hematology facilities or outside lab available [61G18-15.002(2)(a),7,d, Florida Administrative Code] | | | 0164 | No hazards [61G18-15.002(2)(c),4.b, Florida Administrative Code] | | |

EXPLANATION OF "N/A" OR "NO" ANSWERS FROM ABOVE