

## Site Visit Inspection

- \$60 Site Inspection Fee Paid
- Gen. Liability Ins. 1M/2M Rec

Practitioner's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Address clearly marked? \_\_\_\_\_
2. Building well maintained? \_\_\_\_\_
3. Parking available? Street, Lot? \_\_\_\_\_
4. HANDICAP ACCOMMODATIONS:      Parking: \_\_\_\_\_  
   Elevator: \_\_\_\_\_  
   Ramp: \_\_\_\_\_
5. WAITING ROOM:      Adequate Seating: \_\_\_\_\_  
   Clean & well-maintained: \_\_\_\_\_  
   Exit clearly marked: \_\_\_\_\_  
   Average time spent in waiting room: \_\_\_\_\_  
   Educational materials available: \_\_\_\_\_
6. HOURS OF OPERATION:      Monday: \_\_\_\_\_      Tuesday: \_\_\_\_\_      Wednesday: \_\_\_\_\_  
   Thursday: \_\_\_\_\_      Friday: \_\_\_\_\_  
   Saturday: \_\_\_\_\_      Sunday: \_\_\_\_\_
7. SAFETY/EMERGENCY:      Smoke Detectors: \_\_\_\_\_      Sprinkler System: \_\_\_\_\_  
   Fire Alarm: \_\_\_\_\_      Fire Extinguishers: \_\_\_\_\_  
   Are fire extinguishers current?: \_\_\_\_\_      Last Service Date: \_\_\_\_\_  
   Does office staff know how to EVACUATE in the event of an Emergency? \_\_\_\_\_  
   Are Doctor and staff trained in CPR? \_\_\_\_\_      Are certificates current? \_\_\_\_\_
8. MEDICAL RECORDS KEEPING:  
   Are patient records stored in the office? \_\_\_\_\_  
   Are they stored in file cabinets assuring confidentiality? \_\_\_\_\_  
   Are they easily retrievable? \_\_\_\_\_  
   Does practitioner enter notes and sign for each treatment in progress? \_\_\_\_\_  
   Are known allergies posted on the file? \_\_\_\_\_
9. ACUPUNCTURE LICENSE DISPLAYED? \_\_\_\_\_
10. TREATMENT ROOMS:  
   Clean and orderly? \_\_\_\_\_  
   Adequate number of rooms? \_\_\_\_\_
11. How many sinks and soap per site? \_\_\_\_\_
12. How are contaminated needles handled? \_\_\_\_\_
13. Are contaminated needles containers stored out of patients reach? \_\_\_\_\_
14. Cleaning service? \_\_\_\_\_
15. Clean and tidy bathrooms? \_\_\_\_\_

Inspector name: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_