



STATE OF FLORIDA
DEPARTMENT OF HEALTH · EMERGENCY MEDICAL SERVICES
SERVICE RECORDS AND FACILITIES INSPECTION REPORT (SECTION 401.31, F.S.)



Service Name: _____ **Inspection Date:** ____/____/____ **Phone:** (____) _____

County: _____ **Type of Inspection:** Initial Reinspection Random Complaint Announced Unannounced

License Type: _____ Transport Nontransport **Date of Last Inspection:** ____/____/____ **License Expiration Date:** ____/____/____

Inspection Codes:

- 1 = Item meets inspection criteria.
- 1a = Item corrected during inspection to meet criteria.
- 2 = Items not in compliance with inspection criteria.

Rating Categories:

- 1 = Lifesaving equipment, medical supplies, drugs, records or procedures
- 2 = Intermediate support equipment, medical supplies, drugs, records or procedures
- 3 = Minimal support equipment, medical supplies, records or procedures



I. ADMINISTRATIVE AND RECORDS STORAGE (Chapter 64J-1, F.A.C.)	
1. Records storage and security.	
2. Records storage for 5 years.	4. Items are stored in a climate controlled (i.e. – heated and air conditioned) location.
II. RECORDS (Section 401, F.S., Chapter 64J-1, F.A.C.)	5. The area is clean and sanitary.
1. Current service license on display. (Chapter 64J-1, F.A.C.)	B. Observe if the following requirements for controlled substances are being met:
2. Vehicle/Aircraft Records (Chapter 64J-1, F.A.C.) To Include:	1. The requirements listed in items 105 above are being met.
A. Registration.	2. Medical director has registered storage areas with DEA (Chapter 64J-1, F.A.C.)
B. Verification of vehicle permit.	C. Written operating procedures for the storage and handling of fluids and medications specify the following:
3. Previous Inspection Forms, (Chapter 64J-1, F.A.C.)	1. Security procedures.
4. Personnel Records for each EMT, paramedic (Chapter 64J-1, F.A.C.) To Include:	2. Items stored in a climate controlled location (i.e. – Heated and air conditioned)
A. Date of employment.	3. Deteriorated or expired items stored in a quarantine area, separate from usable items.
B. Record of training.	4. Inventory procedures.
C. Current professional certification.	D. Written operating procedures for the storage and handling of controlled substances specify the following:
D. Documentation of completion of the 1988 D.O.T. Air Medical Crew National Standard Curriculum-Advanced, for Paramedic Crew members (Chapter 64J-1, F.A.C.)	1. Storage procedures.
5. Ambulance driver record (for each per Section 401.281(1), F.S.) To include: Statements attesting to A.B.C.	2. The positions that have access to controlled substances.
A. 18 years old.	3. Shift change inventory procedures for vehicles.
B. Not addicted to alcohol or controlled substances.	4. Procedures to be used for the documentation of use, disposal of excess and resupply of vehicles with controlled substances.
C. Free from physical or mental defect or disease that would impair ability to drive.	5. Procedures used for inventory discrepancies.
D. Driving record verification.	F. Verify that the following occurs with regard in controlled substances:
E. Possess valid class “D” or chauffeur license.	1. Storage records are maintained on file at the location where he controlled substances are stored.
F. Is trained in safe operation of emergency vehicle – 16 hour E.V.O.C.	2. All required inventories and records are maintained at least two years.
G. Possesses a valid American Red Cross First Aid and Personal Safety card or its equivalent.	3. Records are maintained separately from other records.
H. Possesses a valid American Red Cross or American Heart Association CPR or ACLS card.	8. Equipment substitutions when authorization by medical director (Chapter 64J-1, F.A.C.)
NOTE: Current EMT or paramedic certification is evidence of compliance with items A, B, C and G above. (Section 401.27(4), F.S.)	9. Biomedical Waste operating procedures (Section 381.80, F.S. and Chapters 64J-1, F.A.C.) to include:
6. Medical Director (Section 64J-1, F.A.C.)	A. Proper handling
A. Qualifications: Current ACLS certification or board certification in emergency medicine (Chapter 64J-1, F.A.C.)	B. Proper storage
B. Duties and responsibilities (Chapter 64J-1, F.A.C.)	C. Proper disposal
1. Write/review operating procedures for patient care.	10. EMS providers disaster plan integrates both local and regional disaster plan (Chapter 64J-1, F.A.C.)
2. Written quality assurance program operating procedures that require the following:	11. Adult and pediatric CID approval in writing by medical director (Chapter 64J-1, F.A.C.)
a. Prompt review of run reports.	12. If an EMS provider maintains an air ambulance license or has permitted aircraft, the following record requirements that apply (Section 401.251 F.S. and Chapter 64J-1, F.A.C.)
b. Direct observation of personnel.	A. Emergency protocol for overdue aircraft, when radio communications cannot be established, or when aircraft cannot be located.
3. Documentation of implementation of #2 above.	B. Documentation of flight done every 15 minutes while enroute to and from patient’s location.
4. Documented of participation in direct contract time with EMS Field Level Providers for a minimum of 10 hours per year.	C. Safety committee to include:
	1. Membership of one pilot, one flight medical crew member, medical director, EQ representative and one hospital administrator (if hospital based).
	2. Written safety procedures.
7. Inventory, storage and security procedures for medications, fluids and controlled substances (Sections 499, 893, F.S., and Chapters 64J-1, F.A.C.)	3. Meetings held quarterly to review safety policies, procedures, unusual occurrences, safety issues, and audit compliance with safety policies and procedures.
A. Observe if the following requirements for medications and fluids are being met:	4. Safety audit results communicated to all program personnel.
1. Storage area is secured by a locking mechanism.	5. Minutes of meetings recorded and retained on file for 2 years.
2. All items are inventoried at least monthly.	
3. Deteriorated or expired items are stored in a quarantine area, separate from usable items.	

Comments:

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection narrative, applicable supplemental inspection reports and corrective action statement (if applicable). In addition, I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service and its authorized representatives to administrative action and penalties as outlined in Section 401, F.S., and Chapter 64J-1, F.A.C. Copy of Inspection report and Corrective Action Statement Received by:

Person in Charge: _____ **Date:** _____

Inspected By: _____ **Date:** _____