

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? _____ Must have one private room with floor to ceiling walls and closing door in door frame for audible and visual privacy.
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: _____