Hillsborough County Pain Management Clinic Inspection Form



Name of Pain Management Clinic:		Date & Time of Inspection:		n: Cl	Clinic Telephone Number:			
Street Address:			City, Zip:			Hours of Operation:		
Hillsborough County PMC #:	DOH PM	C #:	AHCA HCC#					
		or EXEMPT HCC or E						
inic Owner Name: Name of Designated Physician: Other Physicians Workin							g in Cli	nic:
1. Is the employee list up to date?							Yes	No
2. Does the clinic have a valid business tax receipt?								
3. Is the Hillsborough County PMC license prominently displayed in a common, public area?								
4. Does the business accept payment other than cash? Do they accept Debit/Credit Cards Cash Insurance								
5. Does the physical layout of the clinic match the site plan submitted by the clinic?								
6. Does the clinic name, address and Hillsborough County PMC # appear on prescription pads? If no, list missing info.								
7. Are prescription pads secured in such a way as only authorized persons may access them? Describe how and where they are being stored								
8. Does the clinic dispense any controlled substances or medication? If yes, describe what is being dispensed & how and where the medication is being stored								
9. Is there a pharmacy next-door or adjacent to the clinic? If yes, describe where the pharmacy is located and the name of the pharmacy as well as the name of the owner								
10. How many patients are present? Waiting Room Foyer Parking Lot								
11. Is Code Enforcement present for this inspection? If Yes, please answer questions below								
12. Are there any deficiencies in the structural condition of the facility? If yes, describe below								
13. Is there sufficient disabled parking provided?								
14. Is there sufficient parking provided?								
15. Does signage meet all requirements of the LDC (Section 7)?								
16. Are there any other Code Enforcement violations present? If yes, describe below								

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Additional Information and Remarks:	
Consumer Protection Investigator Performing Inspection	Code Enforcement Officer Performing Inspection
Additional Agencies/Investigators Present:	