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?<br>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?<br>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:                    |  |
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| Consumer Protection Investigator Performing Inspection | Code Enforcement Officer Performing Inspection |
| Additional Agencies/Investigators Present:             |  |
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