

Date: _____ Reviewer: _____

Provider Name/Site _____

Address: _____

Phone: _____

Final Score _____ Total: _____ Percentage: _____

Pass/Fail _____ Pass / Fail (Circle One)

Re-visit scheduled within 30-90 days : _____

Standard	Score			Comments
	Yes (1)	Partially Met (0.5)	No (0)	
A. Exterior				
1. Office-sign				
a. Visible from street				
b. Sign lit				
2. Entrance of building				
a. Outside lighting adequate				
b. Stairs sufficiently lit				
c. Office hours posted				
3. Parking adequate				
a. At least 2 parking spaces for each exam & waiting room				
a. Handicap parking available				

b. Space for handicap van				
c. On street parking available				
4. Building handicap accessible-if constructed after 1996 not applicable				
a. Wheelchair ramp				
b. Rails on both sides of ramp				
c. Ramp lit				
B. Interior				
1. If constructed after 1996				
a. Has an elevator				
b. Elevator accomodates stretcher and attendant				
2. Office clean and maintained				
3. Adequate ventilation				
4. Waiting area adequate (at least 2 chairs per person)				
5. Floors, walls, and ceiling maintained				
6. All pipes, duct work and conduits in wall tightly sealed				
7. Hallways and corridors/ emergency exit barrier free				
8. Emergency exit signs clearly marked				
9. Public bathroom				
a. Handicap accessible				
b. Handrail present in handicap stall				

10. Hallway at least 36 inches wide				
11. Furnace regularly maintained (maintenance log required)				
12. If constructed after 1996				
a. Drinking fountain				
b. Handicap accessible				
13. Exam rooms at least 70 feet				
14. If newly constructed-doorways 34 inches wide				
C. Radiology Equipment				
1. X-ray machine regularly maintained (maintenance log required)				
2. X-ray has lead walls/or double thickness (walls are > 30 feet from patient area)				
3. Current Radiology license (must be posted near X-ray machine)				
4. Registration tag on control panel of X-ray machine				
5. Warning sign posted (must be near X-ray)				
D. Water Systems / Sinks				
1. Hot water adequate between 110-125F & hot within 1 minute				
2. Liquid soap dispenser or pump at each sink				
3. Disposable paper towel dispenser at each sink				
4. Water pressure sufficient (water must have steady stream 20lbs. H2O pressure/sq. inch)				
5. Only cleaning supplies stored under sink				
E. Laboratory / Blood Collection				

1. Blood drawn on site				
2. If lab on premises, CLIA certificate (need copy)				
3. Universal precaution procedure used				
4. Disposal syringe/ needle containers				
5. Disposal sharps containers have biohazard labels				
6. Chair for blood draw and work counter				
7. Hand washing facilities nearby				

F. Sterilization/ Disinfectant Equipment & Procedure

1. Clean and dirty work area labeled				
2. Disinfectant labeled				
a. Type of solution for cleaning				
b. Clean and dirty areas				
c. Expiration date				
3. High level cold disinfectant solution used (2% glutaraldehyde)				
4. Disinfectant solution covers instruments				
5. Oral and rectal thermometers stored separately				
6. Disposal thermometers or oral and rectal thermometers kept in disinfectant solution				
7. Disposable linen used for exam tables or linen changed after exam				
8. Autoclave has regular maintenance (must have service log)				
9. Spore check conducted at least 1/week				

10. Endospore check conducted yearly (chemical strip and live spore count)				
11. Autoclave supplies				
a. Labeled with expiration date				
b. Doubled wrapped				
G. Medications (Emergency / Scheduled / Narcotics)				
1. All Medications				
a. Checked for expiration date(s)				
b. Log maintained				
2. Narcotics				
a. Kept in a double locked cabinet				
b. Restricted access to narcotic key				
c. Sign out log maintained				
3. Emergency medications				
a. Readily accessible				
b. Checked for expiration date				
c. Log maintained				
4. Medication properly stored				
a. Refrigerated as indicated				
b. Separate refrigerator used for medication, lab specimen and food				
c. Refrigerator thermostat registers between 36-45 degrees F				

5. Oxygen / other combustible gases				
a. Stored properly				
b. Maintenance log				
c. Each tank at least half full				
d. Stored away from combustible items				

H. Equipment / Supplies Storage

1. All patient supplies stored above floor level				
2. Only cleaning supplies stored under sink				
3. No hazardous/ toxic material found in exam room(s)				
4. Syringes and needles stored safely in proper containers(non accessible to the public)				
5. Adequate storage space				

I. Waste Disposal / OSHA Guidelines

1. Current State of Michigan Hazardous Waste certificate				
2. Biohazard labels used for all medical waste containers/materials				
3. Opaque waste bags used for garbage				
4. Routine garbage collection				
5. Non accessible syringe and needle disposal boxes used and labeled with biohazardous label				
6. MSDS worksheet(s) available for all chemicals				
7. Documentation of yearly OSHA training for all staff on infection control / bloodborne pathogen standards				

8. Hepatitis B Vaccination status for all staff				
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J. Medical Records

1. Secure/confidential filing system				
2. Legible file markers				
3. Records easily located				

K. Appointments Schedule (PCP/OB/GYN)

1. Routine office visit within 2 weeks				
2. Urgent care within 48 hours				
3. Emergency care (24 hours)				

L. Appointments for Behavioral Health

1. Urgent care appointments obtained within 48 hours				
2. 24-hour life-threatening emergency coverage				

M. Other

Fire extinguisher				
Smoke Detectors				
Mouth Protector				
Health Wellness/Promotion Material in Office - related to provider's specialty				