New Mexico Board of Veterinary Medicine

FACILITY INSPECTION REPORT

☐ Initial Inspection ☐ Routine Inspection ☐ Change of Licensee Manager ☐ Change of Location ☐ Follow-Up Inspection

Name of Facility	Facility License Number	Displayed ☐ Yes ☐ No	Telephone ( ) -
Address	City	Zip Code	Mobile Telephone ( ) -

License Manager	NM License Number	Displayed	DEA License Number	Displayed	NMCS License Number	Displayed
Licensed Associates 1)		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
2)		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
3)		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
4)		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
5)		☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No

☐ Fixed Facility ☐ Mobile Facility ☐ Emergency Clinic ☐ Full Service Facility ☐ Non-Full Service Facility ☐ Food Animal Facility
☐ Small Animal ☐ Exotics ☐ Equine ☐ Large Animal ☐ Combination ☐ Holistic/Alternative/Eastern Medicine ☐ Traditional

Standards for Physical Plant			Standards for Professional Services			Standards for Professional Services		
16.25.9.9 Premises General	SAT	UNS	**16.25.9.15 Radiology**	SAT	UNS	**16.25.9.19 Dental**	SAT	UNS
Library/Reference Materials	☐	☐	Services Available	☐	☐	Location		
Overall Sanitation/Storage	☐	☐	Storage	☐	☐	Prophylactics (Dir. Sup.)		
16.25.9.10 Premises - Fixed			Film Identification	☐	☐	Operations (DVM)		
Exterior-Clean, Good Repair	☐	☐	Radiology Log	☐	☐	**16.25.9.20 Direct Supervision**		
Interior-Lighting, floors, etc	☐	☐	Current Registration with EPA	☐	☐	Valid V/C/P Relationship		
Cages/Runs/Animal I.D.	☐	☐	**16.25.9.16 Laboratory**			Lic. Veterinarian on Premises		
Temperature/Ventilation	☐	☐	Services Available	☐	☐	**16.25.9.21 Record Keeping**		
Fire Precautions	☐	☐	Microscope/Centrifuge	☐	☐	Legible/Individual Record		
Isolation	☐	☐	**16.25.9.17 Pharmacy**			Owner's Information		
16.25.9.11 Mobile – Small Animal			No Public Accessibility	☐	☐	Patient's Information		
Compartments/Cages	☐	☐	No Expired Rx Dispensed/Admin.	☐	☐	Pertinent History		
Table/Counter tops & Floors	☐	☐	Storage of out-of-date Rx's	☐	☐	Physical Exam Findings		
Examination Room	☐	☐	Safety-Closure Containers	☐	☐	Treatments & Medications		
Fire Precautions	☐	☐	Dispensed Label	☐	☐	Interpretation of Diagnostics		
Temperature & Ventilation	☐	☐	Valid V/C/P Relationship	☐	☐	Diagnosis		
Separate Surgery Room	☐	☐	General Pharmacy Maintenance	☐	☐	Prognosis		
Immediate Emergency Care	☐	☐	**16.25.9.18 Surgery**			Progress Notes/Disposition		
After-Hours Emergency Care	☐	☐	Designated Room	☐	☐	Custody/Hospitalization		
16.25.9.11 Mobile – Large Animal			Floors/Tabletops/Countertops	☐	☐	Vaccination Clinics		
Cleanliness/Sanitation	☐	☐	Storage Surgically Related	☐	☐	Author Initials		
Protective Clothing/Boots	☐	☐	Instruments/Equipment Adequate	☐	☐	Surgical Procedures		
Pharmaceuticals	☐	☐	Appropriate Sterilization	☐	☐	Storage for 3 years		
Refrigeration	☐	☐	Indicator Tape & Date	☐	☐	Controlled Substance Log		
Cold Sterilization	☐	☐	Cap/Gown/Gloves/Mask	☐	☐	Controlled Substance Storage		
16.25.9.12 Emergency Clinics			Ancillary Personnel	☐	☐	Controlled Substance Inventory		
Advertising – Hours/Address	☐	☐	Appropriate Anesthesia/Analgesia	☐	☐	Controlled Substance Disposal		
Radiology	☐	☐	Pre-Op Physical Exam	☐	☐	**16.25.9.22 Management of Waste**		
Laboratory	☐	☐	Respiratory/Cardiac Monitoring	☐	☐	Infectious Waste Neutralized		
Cardiac Monitoring	☐	☐	Endotracheal Tubes	☐	☐	Leak-Proof Bagging		
16.25.9.13 Non-Full Service			Oxygen	☐	☐	Biohazard Identification		
Identity of Primary	☐	☐	Maint. Of Anesthetic Equip.	☐	☐	Sharps Disposal		
Instruments/equip./apparatus	☐	☐	Waste Gas Management	☐	☐	Drug Disposal		
16.25.9.14 Food Animal			Surgery Log	☐	☐	Non-Infectious Waste Disposal		
Telephone/Answering Serv.	☐	☐	Comments:					
Record-Keeping System	☐	☐						
Pharmacy	☐	☐						
Holding Pens	☐	☐						
Restraint	☐	☐						
Surgery Area	☐	☐						

Inspected By: _____ Approved By: _____ Date: _____

White: Board Office Pink: Inspector Yellow: License Manager