



Vaccination Clinic Inspection Report

Name of Facility		Permit	
Address		City	Zip
Managing Licensee		Telephone	VET #
Inspection #		Inspector #	
<input type="checkbox"/> Initial Inspection	<input type="checkbox"/> Routine Inspection	<input type="checkbox"/> Follow-Up Inspection	<input type="checkbox"/>

Licensee		License #			Licensee		License #		
General		SAT	UNS	COR	Drug Storage		SAT	UNS	COR
2	License/Permit Displayed CCR 2030.3(m)/B&P 4850	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	Drug Storage and Utilization CCR 2030.3(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Correct Address B&P 4852	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Facilities		SAT	UNS	COR	Practice Management		SAT	UNS	COR
5	General Sanitary Conditions CCR 2030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	Record Keeping-Vaccination records CCR 2030.3(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Lighting CCR 2030.3(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10	Food & Beverages CCR 2030(f)(6)/3368	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Small Animal Vaccination Clinic	SAT	UNS	COR
11	Fire Precautions CCR 2030(f)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	Licensed Veterinarian on Site CCR 2030.3(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Emergency Drugs & Equipment CCR 2030.3(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	Adequate Equipment/Supplies CCR 2030.3(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Waste Disposal CCR 2030.3(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	Fresh Clean Water CCR 2030.3(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Tables, Counters & Floors CCR 2030.3(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	List of Local Emergency Services CCR 2030.3(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legend			
CCR = California Code of Regulations	H&S = Health & Safety Codes	If you have questions you were not able to resolve with the inspector, you may call the Board for clarification at 916-515-5220.	
B&P = Business & Professions Codes	CFR = Title 21 of the Code of Federal Regulations		
Date of Inspection		Correction Due Date	
Time Inspection Started		Completed:	
Managing Licensee Present at time of inspection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspected by:		Date:	
Acknowledgment of receipt by (print):		Inspector Approval Stamp:	
Signed by:		Date:	
		Final Board Approval Stamp:	
		Initial:	

See next page for correction items. Corrections are not final until approved by the Board.



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Name of Facility							Permit			
Inspection #					Inspector #					
Date of Inspection:				Corrections Due:						
Corrections Required								Handouts	BOARD STAFF	
Item	W	R	P	Description					UNS	COR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

W = **W**ritten narrative describing your correction efforts, and how corrections will be maintained.
R = **R**eceipts, contractor invoices, etc to demonstrate corrections.
P = **P**hotocopy of documents or **P**ictures of the correction measures, before and after corrections and from all four cardinal points of the room. Close up and distance. Label each picture with Item # and describe in narrative how correction is demonstrated.