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PRE-SURVEY QUESTIONNAIRE

Non-Hospital Medical / Surgical Facility

Full Name of Facility: _____

Address: _____

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A. INTRODUCTION

The Council of the CPSM, through the Standards Committee, is responsible for the accreditation of non-hospital medical/ surgical facilities (NHMSF). The accreditation process has two main components:

1. Pre-Inspection

The pre-inspection process includes a review of:

1. A pre-visit questionnaire completed by the facility that probes issues related to personnel and training, patient care and records, infection prevention and control, equipment, and safety. The questionnaire shall be completed and forwarded to the CPSM offices no later than 6 weeks prior to the scheduled site visit.
2. Facility manuals
3. The current list of physicians and their privileges

2. On-Site Inspection

1. The NHMSF will be visited at a mutually agreed time on a normal working day in order to:

- (a) Assess facility appearance
- (b) Examine supplies/equipment including anesthesia equipment
- (c) Review patient records
- (d) Assess intra-operative and post-operative management
- (e) Assess quality assurance procedures and documentation
- (f) Review infection prevention and control measures
- (g) Assess facility safety

2. Following the inspection, a report outlining the findings will be reviewed by the Committee. "Full Accreditation" is granted to those facilities with no deficiencies. For facilities with deficiencies, "Conditional Accreditation" may be granted for 90 days or for a period as determined by the Committee, to allow time to make changes. Upon confirmation of corrective action, "Full Accreditation" may be granted and a certificate of accreditation is issued. "Provisional Accreditation" may be granted for the operation of a facility, in circumstances which the Committee deems appropriate, pending the completion of the accreditation process.

3. Notes and Instructions

1. All portions of the attached questionnaire must be completed and signed by the Medical Director.
2. A number appears beside each question:
 - (1) is a requirement
 - (2) is a recommendation
 - (3) is for information
3. Most questions are answered by circling "Yes", "No" or "NA" (not applicable). If necessary, additional comments can be added at the bottom of the pages or additional sheets may be appended.

4. The following must be sent to the Deputy Registrar:
 - (a) The completed questionnaire;
 - (b) Facility organizational chart;

- (c) A letter from the Safety Code Officer verifying compliance of the Non-Flammable Medical Gas Piping System
 - (d) Registration certificate for each piece of laser equipment
 - (e) Policy/Procedure Manual
5. On the day of the inspection, the following must be available to the inspector(s):
- (a) Patient health care records for random selection;
 - (b) Incident/complication reports;
 - (c) Record of physicians and services they provide;
 - (d) All log books related to reprocessing.

GENERAL INFORMATION

1. Facility Information

Name _____

Address _____

Owners _____

Telephone Number _____ Fax _____

E-mail _____

2. Medical Director

Name _____

Address for Correspondence _____

Telephone Number _____ Fax _____

E-mail _____

3. Facility Supervisor/Manager

Name _____

Qualifications _____

Telephone Number _____ Fax _____

E-mail _____

4. Nursing Personnel

Name _____

Areas of Responsibility:
 OR PACU Management Other (please state) _____

Name _____

Areas of Responsibility:
 OR PACU Management Other (please state) _____

Name _____

Areas of Responsibility:
 OR PACU Management Other (please state) _____

5. Physicians with Privileges

Please attach a list of physician privileges in your facility & note any changes for **each** physician.
Note to Inspector: Please compare the facility-provided list of physician privileges to the list provided by the College.

6. Type of Anesthesia

Please indicate the type(s) of anesthesia provided at this facility, with the estimated number per year.

Type	Procedure(s) Provided	Number of Procedures per Year		
		Adults	Pediatric (under 2 years)	Pediatric (over 2 years)
General Anesthesia				
Sedation				
Major Regional Block				
Retrobulbar Block				
Other (Please State)				

7. Surgical Procedures

Please indicate the general category of surgical procedures performed at this facility and state the number per year.

Type	Procedure(s) Provided	Number of Procedures per Year		
		Adults	Pediatric (under 2 years)	Pediatric (over 2 years)
Dermatology				
General Surgery				
Gynecology				
Ophthalmology				
Oral & Maxillofacial Surgery				
Orthopaedic Surgery				
Otolaryngology				
Plastic Surgery				
Urology				
Other (please state)				

B. PERSONNEL

1. Medical Director Responsibilities

Note to Inspector: Interview the Medical Director to determine if the Medical Director is responsible for the following.

- | | | | | | |
|-----|---|-----|-----|----|----|
| 1. | The operation and administration of the NHMSF. | (1) | Yes | No | NA |
| 2. | Ensuring up to date policy and procedure manuals are in place. | (1) | Yes | No | NA |
| 3. | Ensuring only those procedures outlined in the Certificate of Accreditation are performed | (1) | Yes | No | NA |
| 4. | Ensuring the roles and responsibilities of all personnel are documented and understood. | (1) | Yes | No | NA |
| 5. | Ensuring sufficient numbers of appropriately trained staff are present prior to, during and following the procedures. | (1) | Yes | No | NA |
| 6. | Ensuring that procedures and equipment are safe and arrangements are in place for emergency transfer and admission of patients to hospital. | (1) | Yes | No | NA |
| 7. | Ensuring a process is in place to monitor and report infections, complications, and adverse events. | (1) | Yes | No | NA |
| 8. | Ensuring a process is in place to review and screen applicants requesting privileges. | (1) | Yes | No | NA |
| 9. | Ensuring the Committee receives the Annual Facility Report? | (1) | Yes | No | NA |
| 10. | Ensuring staff have appropriate skills and knowledge including current ACLS or BLS where applicable. | (1) | Yes | No | NA |

2. Physicians Practising in NHMSF

Note to Inspector: Review a sample of physician files to confirm the following

- | | | | | | |
|----|--|-----|-----|----|----|
| 1. | Are files kept for each physician? | (1) | Yes | No | NA |
| 2. | Do the files include the following? | | | | |
| | (a) Initial application for privileges with name and address? | (1) | Yes | No | NA |
| | (b) Letters confirming privileges held in Manitoba Facilities? | (1) | Yes | No | NA |
| | (c) Names of two references. | (1) | Yes | No | NA |
| | (d) CPSM registration number? | (1) | Yes | No | NA |
| | (e) Record of ACLS status and dates? | (2) | Yes | No | NA |
| | (f) Immunization Record? | (3) | Yes | No | NA |
| | (g) Record of hepatitis B status? | (3) | Yes | No | NA |
| | (h) Record of rubella vaccine? | (3) | Yes | No | NA |
| | (i) Record of tuberculin testing? | (3) | Yes | No | NA |

3. Physician Qualifications

- | | | | | | |
|-----|---|-----|-----|----|----|
| (a) | Do physicians administering general anesthesia or major regional blocks possess certification in anesthesia from The Royal College of Physicians & Surgeons of Canada, or have they completed anesthesia training in an approved teaching centre acceptable to the College? | (1) | Yes | No | NA |
|-----|---|-----|-----|----|----|

(1) is a requirement
 (2) is a recommendation
 (3) is for information

- | | |
|---|---------------|
| (b) Are physicians administering IV Sedation qualified to administer general anesthesia, or have they completed training in the administration and monitoring of IV sedation? | (1) Yes No NA |
| (c) Does each practitioner performing surgery have privileges for the procedures performed? | (1) Yes No NA |

3. Nursing and Support Staff

Note to Inspector: Ensure that staff have appropriate training/experience for the duties they perform.

- | | |
|---|---------------|
| 1. Is there a nurse present and in charge? | (1) Yes No NA |
| 2. Do nursing personnel function within their scope of practice? | (1) Yes No NA |
| 3. Do all nurses hold current BLS (ACLS/PALS where applicable)? | (1) Yes No NA |
| 4. Do personnel files include the following? | |
| (a) Application form and resume of training and experience? | (2) Yes No NA |
| (b) Current formal certification or license with registration number? | (1) Yes No NA |
| (c) Date of employment | (2) Yes No NA |
| (d) Record of eye examination if operating lasers | (2) Yes No NA |
| (e) Record of orientation and continuing education | (2) Yes No NA |
| (f) Immunization records? | (1) Yes No NA |
| (g) Record of Rubella vaccine? | (3) Yes No NA |
| (h) Record of Hepatitis B status | (3) Yes No NA |
| (i) Record of Tuberculin Testing | (3) Yes No NA |

(1) is a requirement
 (2) is a recommendation
 (3) is for information

C. FACILITY STANDARDS

1. General

- | | | | | | |
|-----|--|-----|-----|----|----|
| 1. | Does the facility comply with provincial and/or municipal building codes and fire regulations? | (1) | Yes | No | NA |
| 2. | Is the facility accessible to patients with disabilities? | (1) | Yes | No | NA |
| 3. | Is the facility accessible to ambulances, emergency responders and their equipment? | (1) | Yes | No | NA |
| 4. | Is the facility layout conducive to safe and private patient care? | (1) | Yes | No | NA |
| 5. | Does the facility provide for separate administration areas, patient waiting and care areas, clean utility, dirty utility and non-sterile storage areas and staff areas? | (1) | Yes | No | NA |
| 6. | Are patient washrooms wheelchair accessible? | (1) | Yes | No | NA |
| 7. | Is the dirty utility (soiled) room physically separate from other work areas? | (1) | Yes | No | NA |
| 8. | Does the facility layout provide for monitoring of vital signs and emergency resuscitation procedures? | (1) | Yes | No | NA |
| 9. | Are sterile and non sterile areas clearly identified? | (1) | Yes | No | NA |
| 10. | Are wheelchairs and stretchers readily available? | (1) | Yes | No | NA |
| 11. | Are doorways of sufficient width to accommodate wheelchairs and stretchers? | (1) | Yes | No | NA |
| 12. | Is there emergency lighting in the patient care areas? | (1) | Yes | No | NA |
| 13. | Is the flooring smooth, washable and tiles sealed? | (1) | Yes | No | NA |
| 14. | Does the facility provide for appropriate hand washing equipment and proper towel usage and disposal? | (1) | Yes | No | NA |
| 15. | Is there a designated secure and locked cabinet for controlled medications with a record of usage? | (1) | Yes | No | NA |
| 16. | Is equipment for administration of intravenous fluid readily available? | (1) | Yes | No | NA |
| 17. | Are all openings to the outer air effectively protected? | (1) | Yes | No | NA |

2. Administration

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Is ownership of the facility clearly identified? | (1) | Yes | No | NA |
| 2. | Are updated policy and procedure manuals available for all personnel? | (1) | Yes | No | NA |
| | Do they contain? | | | | |
| | (a) Written description of administrative responsibilities? | (1) | Yes | No | NA |
| | (b) A current organizational chart? | (1) | Yes | No | NA |
| | (c) Current written job descriptions? | (1) | Yes | No | NA |

3. Operating Room

Note to Inspector: Observe the environment, equipment, supplies, documentation and the care given to patients during surgery.

- | | | | | | |
|----|--|-----|-----|----|----|
| 1. | Is at least one operating room used exclusively for surgery? | (1) | Yes | No | NA |
|----|--|-----|-----|----|----|

(1) is a requirement
 (2) is a recommendation
 (3) is for information

- | | | | | | |
|-----|--|-----|-----|----|----|
| 2. | Are the operating rooms large enough to accommodate easy access of equipment, anesthesia provider, surgeon, assistants and staff around the patient? | (1) | Yes | No | NA |
| 3. | Do the ceilings of the operating rooms have smooth washable surfaces? | (1) | Yes | No | NA |
| 4. | Do closed doors segregate the operating rooms from other areas? | (1) | Yes | No | NA |
| 5. | Does the operating room table/chair have sufficient accessories to anesthetize, restrain and position the patient safely? | (1) | Yes | No | NA |
| 6. | Are the functioning surgical lights suitable for the surgery performed? | (1) | Yes | No | NA |
| 7. | Is there emergency lighting? | (1) | Yes | No | NA |
| 8. | Is there emergency back up power? | (1) | Yes | No | NA |
| 9. | Are there adequate electrical outlets and do they comply with current codes? | (1) | Yes | No | NA |
| 10. | If extension cords are used, are they appropriately rated and used in a safe manner? | (1) | Yes | No | NA |
| 11. | Are suction equipment and oxygen present in the operating room and PACU and is secondary back-up suction and oxygen available? | (1) | Yes | No | NA |
| 12. | Is anesthetic equipment readily available, clean and maintained by trained personnel? | (1) | Yes | No | NA |
| 13. | Is an operative log book kept that includes: | | | | |
| | (a) patient name? | (1) | Yes | No | NA |
| | (b) date of procedure? | (1) | Yes | No | NA |
| | (c) type of procedure performed? | (1) | Yes | No | NA |
| | (d) name of surgeon? | (1) | Yes | No | NA |
| | (e) name of anesthesia provider? | (1) | Yes | No | NA |
| 14. | Is a stationary phone available in each operating room? | (1) | Yes | No | NA |
| 15. | Is there a system in place to address medical and non-medical emergencies? | (1) | Yes | No | NA |
| 16. | Has the Non-Flammable Medical Gas Piping System been tested in accordance with the Manitoba Building Code? | (1) | Yes | No | NA |
| 17. | Is there a letter from the Safety Code Officer verifying compliance of the Non-Flammable Medical Gas Piping System?
(Verification letter must be appended to this questionnaire.) | (1) | Yes | No | NA |

4. Post Anesthesia Care Unit (PACU)

Note to Inspector: Observe the environment, equipment, supplies, documentation and the care given to patients recovering from general anesthetic.

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Is the PACU separate from the operating room? | (1) | Yes | No | NA |
| 2. | Are there adequate patient stations with services for each patient proportionate to operating rooms and schedule? | (1) | Yes | No | NA |
| 3. | Is there adequate space to allow for free movement and emergency patient care on both sides of the stretcher? | (1) | Yes | No | NA |

(1) is a requirement
(2) is a recommendation
(3) is for information

4. Are the following equipment and supplies immediately available:

- | | | | | |
|--|-----|-----|----|----|
| (a) ECG monitoring? | (1) | Yes | No | NA |
| (b) Suction with readily available secondary backup? | (1) | Yes | No | NA |
| (c) Oxygen with readily available secondary backup? | (1) | Yes | No | NA |
| (d) Bag-valve-mask device? | (1) | Yes | No | NA |
| (e) Intravenous supplies? | (1) | Yes | No | NA |
| (f) Medical/surgical supplies? | (1) | Yes | No | NA |
| (g) Medications and narcotics? | (1) | Yes | No | NA |
| (h) Hand washing sinks? | (1) | Yes | No | NA |
| (i) Appropriate electrical outlets for monitoring equipment and other devices? | (1) | Yes | No | NA |
| (j) Emergency light source? | (1) | Yes | No | NA |
| (k) A stationary phone? | (1) | Yes | No | NA |
| (l) A system to address medical and non-medical emergencies? | (1) | Yes | No | NA |

(1) is a requirement
 (2) is a recommendation
 (3) is for information

D. EQUIPMENT AND SUPPLIES

1. Anesthetic and Resuscitation Equipment

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Is anesthetic equipment readily available, clean, organized and properly maintained by trained personnel? | (1) | Yes | No | NA |
| 2. | Is a log of scheduled maintenance and inspection of equipment current and available? | (1) | Yes | No | NA |
| 3. | Are the following functioning devices on the anesthetic machine: | | | | |
| | (a) Oxygen analyzer? | (1) | Yes | No | NA |
| | (b) Low O ₂ concentration alarm? | (1) | Yes | No | NA |
| | (c) CO ₂ analyzer? | (1) | Yes | No | NA |
| 4. | Is a dedicated suction available for the anesthesia provider? | (1) | Yes | No | NA |
| 5. | Do mechanical ventilators have continuous use devices with audible low and high pressure alarms? | (1) | Yes | No | NA |
| 6. | Is resuscitation equipment present or readily available? | (1) | Yes | No | NA |

2. Medications

Note to Inspector: Review drug inventory.

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Is there a drug inventory list and a process to inspect all inventory? | (1) | Yes | No | NA |
| 2. | Are drugs stored in an appropriate manner according the manufacturer's recommendations? | (1) | Yes | No | NA |
| 3. | Are all drugs dispensed to patients, recorded on the health record, and accompanied by instructions? | (1) | Yes | No | NA |
| 4. | Are drugs available as listed in Appendix C of the NHMSF Standards & Guidelines? | (1) | Yes | No | NA |
| 5. | Are controlled substances kept in a designated secure and locked storage cabinet? | (1) | Yes | No | NA |
| 6. | Is the following information recorded on the log for each administration of a controlled substance: | | | | |
| | (a) Patient name? | (1) | Yes | No | NA |
| | (b) Drug name and amount removed from inventory? | (1) | Yes | No | NA |
| | (c) Date? | (1) | Yes | No | NA |
| | (d) Name of the person who administered the drug? | (1) | Yes | No | NA |
| | (e) Reconciliation of actual and expected amount of medication remaining? | (1) | Yes | No | NA |
| 7. | Is an end-of-day balance performed via physical count on each day that substances are used and verified by 2 qualified staff members? | (1) | Yes | No | NA |
| 8. | Are all count discrepancies investigated and documented? | (1) | Yes | No | NA |

3. Lasers

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Is laser equipment used in this facility? | (3) | Yes | No | NA |
| 2. | If yes , complete the following: | | | | |
| | (a) Are CSA Standards available? | (1) | Yes | No | NA |
| | (b) Are laser precautions followed? | (1) | Yes | No | NA |

(1) is a requirement
 (2) is a recommendation
 (3) is for information

- (c) Are personnel appropriately trained to assist in the operation of specific lasers? (1) Yes No NA
- (e) Are there documented policies and procedures? (1) Yes No NA

4. Blood Products

- 1. Are Blood Products administered in the NHMSF? (3) Yes No NA
- 2. If **yes**, are Canadian Blood Services references available? (1) Yes No NA
 (Refer to CBS)

5. Bone, Bone Product, Cells and Tissues

- 1. Are tissues collected for tissue banks? (3) Yes No NA
- 2. If **yes**, complete the following:
 - (a) Is there a written agreement with an approved tissue bank? (1) Yes No NA
 - (b) Does the agreement contain policy and procedures that are in accordance with provincial and national and American Associations of Tissue Banks? (1) Yes No NA
 - (c) Is the donation of tissue an integral part of the informed consent process? (1) Yes No NA
- 3. Are Allogenic Bone, Bone Products, Cells and Tissues used? (3) Yes No NA
- 4. If **yes**, complete the following:
 - (a) Are all products, cells and tissue acquired only from sources deemed acceptable by Tissue Bank Manitoba? (1) Yes No NA
 - (b) Are shipping, transport, and timing agreements documented and maintain the integrity of all products? (1) Yes No NA
 - (c) Does the documentation in the health record and central log include traceability information? (1) Yes No NA
 - (d) Are patients given written information indicating they received an allogenic tissue or product? (1) Yes No NA
 - (e) Are products used only once and not reprocessed, refrozen or repackaged? (1) Yes No NA
 - (f) Are all unused tissues and products disposed as biohazardous waste? (1) Yes No NA
 - (g) Are references as outlined in Section D.5.(3) of the NHMSF Standards & Guidelines available on site? (1) Yes No NA

(1) is a requirement
(2) is a recommendation
(3) is for information

E. SAFETY STANDARDS

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Does the facility have written action plans, for the following emergencies: | | | | |
| | (a) Fire and evacuation? | (1) | Yes | No | NA |
| | (b) Power loss? | (1) | Yes | No | NA |
| | (c) Equipment failure? | (1) | Yes | No | NA |
| | (d) Over-sedation? | (1) | Yes | No | NA |
| | (e) Cardiopulmonary arrest? | (1) | Yes | No | NA |
| | (f) Anaphylaxis? | (1) | Yes | No | NA |
| | (g) Malignant hyperthermia? | (1) | Yes | No | NA |
| | (h) Unauthorized intruder? | (1) | Yes | No | NA |
| | (i) Emergency transfer to hospital? | (1) | Yes | No | NA |
| 2. | Are volatile supplies stored in accordance with Manitoba regulations? | (1) | Yes | No | NA |
| 3. | Are approved fire extinguishers in place and inspected routinely? | (1) | Yes | No | NA |
| 4. | Are appropriate safety measures implemented when electrocautery is in use? | (1) | Yes | No | NA |
| 5. | Is there a WHMIS manual? | (1) | Yes | No | NA |

F. PATIENT CARE

1. Pre-Operative Assessment

a. Patient Selection

- (a) Is the American Society of Anesthesiologists (ASA) classification noted pre-operatively on the chart? (1) Yes No NA

b. Patient Evaluation

- (a) Is the history and physical examination done dated and signed within 90 days of the proposed procedure? (1) Yes No NA
- (b) Pre-anesthetic assessment to include:
- (i) History and physical (on the patient's record preoperatively)? (1) Yes No NA
 - (ii) A pre-anesthetic assessment? (1) Yes No NA
 - (iii) Review of the patient's laboratory and diagnostic imaging investigations? (1) Yes No NA
 - (iv) Review of pre-operative medical consultations? (1) Yes No NA
 - (v) Orders for any pre-operative medications? (1) Yes No NA
 - (vi) Review of patient medication profile? (1) Yes No NA
 - (vii) Review of patient allergies with note of latex allergy? (1) Yes No NA

c. Informed Consent

- (a) Does each patient or legal guardian give signed informed consent for the procedure and the anesthetic? (1) Yes No NA

d. Correct Site

- (a) Does the facility have a documentation process to verify the correct patient, the correct surgical site and the correct surgical procedure? (1) Yes No NA
- (b) Is there a pre-operative identification/confirmation process that includes clearly visible markings? (1) Yes No NA
- (c) Does a time out occur immediately prior to the beginning of the procedure? (1) Yes No NA

2. Intra-Operative Management: Anesthesia & IV Sedation

1. During IV sedation and retrobulbar block, is the following monitored:

- (a) Assessment and maintenance of patent airway? (1) Yes No NA
- (b) Vital signs including pulse oximetry? (1) Yes No NA

2. During general anesthesia and major regional blocks, is the following monitoring used:

- (a) Visualization of some portion of the patient under appropriate lighting? (1) Yes No NA
- (b) Pulse oximeter with audible signal recognition? (1) Yes No NA
- (c) End tidal carbon dioxide monitoring for each intubated patient, including endotracheal and laryngeal mask? (1) Yes No NA
- (d) Apparatus to measure blood pressure with an appropriately sized cuff? (1) Yes No NA
- (e) ECG with audible signal recognition? (1) Yes No NA
- (f) Agent-specific gas monitor during inhalation anesthesia (1) Yes No NA
- (g) Peripheral nerve stimulator whenever muscle relaxants are used? (1) Yes No NA

3. Are the following devices immediately available:

- (a) A stethoscope? (1) Yes No NA

(1) is a requirement
 (2) is a recommendation
 (3) is for information

- (b) An alternate source of oxygen? (1) Yes No NA
 - (c) Oropharyngeal airways? (1) Yes No NA
 - (d) A means of delivering positive pressure oxygen such as a self-inflating bag-valve-mask? (1) Yes No NA
 - (e) An emergency resuscitation cart? (1) Yes No NA
4. Does the emergency resuscitation cart include:
- (a) A cardiac monitor with defibrillator? (1) Yes No NA
 - (b) A device to measure temperature? (1) Yes No NA
 - (c) Endotracheal tubes, laryngeal masks, stylets, airways and face masks in a selection of sizes appropriate to the expected range of patient sizes and ages? (1) Yes No NA
 - (d) Two functioning laryngoscopes and a variety of sizes of laryngoscope blades and Magill forceps? (1) Yes No NA
 - (e) Magill forceps? (1) Yes No NA
 - (f) IV supplies and accessory equipment such as syringes, needles, ECG leads, sponges, tape, etc? (These must be stored in an orderly manner and be easily accessible) (1) Yes No NA
 - (g) Cricothyrotomy kit? (1) Yes No NA
 - (h) A backboard for BLS if the surgical chair/table or recovery stretcher are insufficient? (1) Yes No NA
 - (i) Drugs as listed in Appendix C? (1) Yes No NA

3. Intra-Operative Management: Surgical

1. Is the surgeon responsible for:
- (a) The post-operative care of the patient after discharge from the PACU? (1) Yes No NA
 - (b) Ensuring tissues removed (except those excluded by written policy) are sent for pathological examination? (1) Yes No NA
 - (c) Does the specimen label and requisition for pathological examination include:
 - (i) patient name? (1) Yes No NA
 - (ii) clinical record and PHIN numbers? (1) Yes No NA
 - (iii) identity of the specimen with date and time collected? (1) Yes No NA
 - (iv) name of surgeon? (1) Yes No NA
2. Does the process for tracking pathology specimens include:
- (a) a log of all specimens collected? (1) Yes No NA
 - (b) name of person releasing specimens to the lab with the date and time? (1) Yes No NA
 - (c) the date the pathology report is received by the facility? (1) Yes No NA

4. Post-Anesthesia Care Unit (PACU)

Note to Inspector: Observe the environment, equipment, supplies, documentation and the care given to patients recovering from general anesthetic

- 1. Does an anesthesia provider remain available while the patient is intubated and in attendance for extubation? (1) Yes No NA
- 2. After general anesthesia, does the anesthesia provider accompany the patient to the PACU, communicate the appropriate information and provide written orders for the attending nurse personnel? (1) Yes No NA
- 3. Do nurses (or physicians) trained in PACU procedures remain in continuous attendance to the patient? (1) Yes No NA

(1) is a requirement
 (2) is a recommendation
 (3) is for information

4. Is there ongoing assessment of each patient including:
- (a) Respirations and airway patency? (1) Yes No NA
 - (b) Heart rate evaluation? (1) Yes No NA
 - (c) Blood pressure? (1) Yes No NA
 - (d) Oxygen saturation by pulse oximetry? (1) Yes No NA
 - (e) Color? (1) Yes No NA
 - (f) Level of consciousness? (1) Yes No NA
 - (g) Activity? (1) Yes No NA
5. Is an emergency resuscitation cart present or readily available? (1) Yes No NA
6. Does an anesthesia provider write the discharge order and remain on site until all patients have been discharged from the PACU? (1) Yes No NA
7. Does the anesthesia provider or other physician qualified to administer IV sedation or anesthesia remain on the premises of the NHMSF until the patient meets documented pre-determined recovery criteria? (1) Yes No NA
- 5. Discharge of Patients Post Operatively**
1. Does the attending physician write the discharge order? (1) Yes No NA
2. Is the patient accompanied from the facility by a responsible adult? (1) Yes No NA
3. Are patients advised of the necessity to be accompanied from the facility by a responsible adult? (1) Yes No NA
4. If a patient is unable or unwilling to be accompanied by a responsible adult, is the patient advised of the importance of an accompanying adult at time of discharge in the pre-operative instructions? (1) Yes No NA
5. Are appropriate verbal and written post-discharge instructions given to the patient and an accompanying adult? (1) Yes No NA
6. Do discharge instructions include:
- (a) Instructions not to drive or operate hazardous equipment for 24 hours? (1) Yes No NA
 - (b) Instructions explaining the procedure for accessing emergency care if necessary? (1) Yes No NA
 - (c) Instructions informing them that the facility should be notified in the event of any unexpected admission to a hospital within 10 days of treatment at the facility? (1) Yes No NA

G. DOCUMENTATION / RECORDS

Note to Inspector: Review health records system. Review a sample of patient charts to assess history and physical examination, signed informed consent, laboratory/pathology reports, diagnostic imaging report, anesthesia record, post-anesthetic record.

1. Medical Records					
1.	Is the signed informed consent for the procedure and anesthesia on the record?	(1)	Yes	No	NA
2.	Are the pre-operative assessment and investigations, medical history and physical examination on the record?	(1)	Yes	No	NA
3.	Is the pre-operative checklist that includes documentation of correct patient, correct site and correct procedure process on the record?	(1)	Yes	No	NA
4.	Does the anesthetic record include:				
	(a) pre-anesthetic assessment?	(1)	Yes	No	NA
	(b) all drugs administered including dose, time and route?	(1)	Yes	No	NA
	(c) fluids administered?	(1)	Yes	No	NA
	(d) measurable/estimated fluid loss?	(1)	Yes	No	NA
	(e) recording of monitored vital signs every 5 minutes?	(1)	Yes	No	NA
	(f) complications or incidents where applicable?	(1)	Yes	No	NA
	(g) names of anesthesia provider and surgeon?	(1)	Yes	No	NA
	(h) anesthetic start and stop times?	(1)	Yes	No	NA
5.	Does the intra-operative record include:				
	(a) Documentation that a time out has occurred?	(1)	Yes	No	NA
	(b) Pre-operative diagnosis?	(1)	Yes	No	NA
	(c) Procedure performed?	(1)	Yes	No	NA
	(d) Names of surgeon, anesthesia provider and all other personnel present?	(1)	Yes	No	NA
	(e) Appropriate information including instrument count, tourniquet time, solutions used, implants used, patient position, surgical time, tissues removed and disposition, etc.	(1)	Yes	No	NA
6.	Does the post-anesthetic record include:				
	(a) date and time of admission?	(1)	Yes	No	NA
	(b) initial and ongoing measurements of blood pressure, pulse, respirations, temperature, level of consciousness, oximetry and general status?	(1)	Yes	No	NA
	(c) any medications administered, including dose, time, route, reason and effects?	(1)	Yes	No	NA
	(d) any treatment administered and outcome?	(1)	Yes	No	NA
	(e) objective scoring measurement for discharge?	(1)	Yes	No	NA
	(f) documentation of discharge process as reflected in Section F.5 (Discharge of Patients Postoperatively) of the Standards & Guidelines?	(1)	Yes	No	NA
7.	Is there a written discharge policy?	(1)	Yes	No	NA
8.	Does the documentation reflect the discharge policy?	(1)	Yes	No	NA
9.	Is the operative report generated on the date of the procedure by the surgeon?	(1)	Yes	No	NA
10.	Are copies of the operative report and pathology report retained on the patient's clinical record?	(1)	Yes	No	NA

(1) is a requirement
 (2) is a recommendation
 (3) is for information

2. Storage and Retention

- | | | | | | |
|----|--|-----|-----|----|----|
| 1. | Are patient records, operating room logs and adverse event reports stored in a secure, confidential, organized health record system? | (1) | Yes | No | NA |
| 2. | Are ongoing or subsequent records incorporated with original file? | (1) | Yes | No | NA |
| 3. | Is the record information uniform, accurate, complete and legible? | (1) | Yes | No | NA |
| 4. | Does the facility ensure that medical records are retained for a minimum of 10 years from the date of last entry, and for paediatric patients, 10 years after the age of majority? | (1) | Yes | No | NA |

3. Annual Report to College

Note to Inspector: Verify with College that annual reports have been submitted

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Has the Facility submitted Annual Reports to the College? | (1) | Yes | No | NA |
|----|---|-----|-----|----|----|

4. Adverse Events

Note to Inspector: Review the process and records for reportable and non-reportable adverse events/complications/deaths.

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Is there a process to record adverse events, e.g. needle stick injuries, technique breaks, unsterile equipment? | (1) | Yes | No | NA |
| 2. | Is there an internal process to document and investigate adverse events? | (1) | Yes | No | NA |
| 3. | Is a report completed for all adverse events? | (1) | Yes | No | NA |
| 4. | Does the report include the following: | | | | |
| | (a) Name, age and sex of the person involved in the event? | (1) | Yes | No | NA |
| | (b) Name of witness(s) to the incident? | (1) | Yes | No | NA |
| | (c) Date, time and description of event? | (1) | Yes | No | NA |
| | (d) Date and type of procedure (if applicable)? | (1) | Yes | No | NA |
| | (e) Treatment rendered (if any) | | | | |
| | (f) Analysis of reasons for the event? | (1) | Yes | No | NA |
| | (g) Outcome? | (1) | Yes | No | NA |
| | (h) A process to document corrective action, if applicable? | (1) | Yes | No | NA |
| 5. | Are copies of the reports stored in a separate file? | (1) | Yes | No | NA |

5. Reportable Adverse Events

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Is there a written policy to notify the College of reportable events? | (1) | Yes | No | NA |
| 2. | In the event of a death is there a policy and procedure available? | (1) | Yes | No | NA |
| 3. | Does it include immediate notification of the Medical Examiner and notification of the College? | (1) | Yes | No | NA |

(1) is a requirement
 (2) is a recommendation
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H. INFECTION CONTROL / PREVENTION AND MONITORING

1. General

1. Are routine practices incorporated into everyday patient care (1) Yes No NA

2. Occupational Health/Immunization

1. Do all personnel, including physicians, have their immunization status documented at time of hire? (2) Yes No NA

2. Is there a policy and procedure for management of significant exposures (i.e. eye splashes, needle stick injuries)? (1) Yes No NA

3. Are sharp devices placed in clearly labelled puncture resistant containers, transported and disposed of in accordance with local regulations:? (1) Yes No NA

3. General Infection Prevention Measures

1. Are orientation materials and qualified persons available to train staff and supervise safe aseptic practices? (1) Yes No NA

2. Are sufficient clean towels or disposable towels available for each hand washing sink? (1) Yes No NA

3. Is there a dedicated sink for surgical scrub and hand washing with antiseptic and scrub brushes? (1) Yes No NA

4. Are non-disposable soap cartridges/containers washed and dried before being refilled? (1) Yes No NA

5. Does the OR team adhere to the dress code consistent with the Operating Room Nurses Association of Canada standards? (1) Yes No NA

6. Are multi-dose vials used in the facility? (3) Yes No NA

(a) If **yes**, are they wiped with alcohol and a new needle and syringe used at each time of entry? (1) Yes No NA

(b) Are opened vials dated and discarded within one month or sooner if indicated by the manufacturer? (1) Yes No NA

7. Are IV bags and tubing discarded between patients? (1) Yes No NA

8. Are records of operating room air exchange available and appropriate? (1) Yes No NA

9. Are there dedicated hand hygiene dispensers or sinks located throughout the facility? (1) Yes No NA

10. Do staff wash their hands following handling of patients, contaminated materials, and after removing gloves? (1) Yes No NA

11. Do staff use appropriate protective devices such as gowns, gloves, visors and masks? (1) Yes No NA

12. Is there a designated person responsible for the maintenance and enforcement of infection prevention and control and occupational health and safety standards? (2) Yes No NA

13. Are doors to operating rooms closed except for entry and exit of operating room personnel? (1) Yes No NA

(1) is a requirement
 (2) is a recommendation
 (3) is for information

14. Is eating and drinking by the health team prohibited in the patient care areas? (1) Yes No NA
15. Are virus filters or clean circuits used for each patient? (1) Yes No NA
16. Are all linen, bed and pillow covers changed between patients? (1) Yes No NA
17. Are OR beds and stretchers wiped with antiseptic between each patient? (1) Yes No NA
18. Are all patient care items reprocessed between patients? (1) Yes No NA
19. Is drinking water taken from clean sink tap or dedicated clean water dispenser? (1) Yes No NA
20. Are medications that require refrigeration stored in a dedicated fridge that is not used to store food or beverages? (1) Yes No NA
21. Is the facility appropriately protected from air currents, insects, vermin and animals by appropriate use of doors and screens, etc? (1) Yes No NA
- 4. Additional Precautions**
1. Do all staff follow *Additional Precautions* if treating patients with known or suspected infectious diseases? (1) Yes No NA
- 5. Patient Care Practices**
1. Is there a policy and procedure to catalog all adverse events? (1) Yes No NA
2. Does it include:
- (a) Breaks in sterile technique? (1) Yes No NA
- (b) Significant exposures to blood and body fluids? (1) Yes No NA
- (c) Needlestick injuries? (1) Yes No NA
- (d) Inadvertent use of improperly sterilized equipment? (1) Yes No NA
- (e) Related breaches of policy and deviations from standard procedures? (1) Yes No NA
3. Is there a mechanism of surveillance and review of post-operative infection rates? (1) Yes No NA
4. Is there a record of consultations undertaken as a result? (1) Yes No NA
- 6. Reprocessing (Cleaning, Disinfection, and Sterilization)**
- a. General**
- (a) Is all critical medical equipment sterilized before each patient use? (1) Yes No NA
- (b) Do all semi-critical equipment receive a minimum of high level disinfection before each patient use? (1) Yes No NA
- (c) Are there current written policies and procedures on the steps of reprocessing readily available to staff? (1) Yes No NA
- (d) Is there written information from the manufacturer on the safe and appropriate reprocessing of medical equipment? (1) Yes No NA
- (e) Is there a designated area for reprocessing separate from patient care areas? (1) Yes No NA
- (f) Are there hand hygiene stations readily available for staff in the reprocessing area? (1) Yes No NA
- (g) Is clean Personal Protective Equipment (PPE) worn by staff when

(1) is a requirement
 (2) is a recommendation
 (3) is for information

- reprocessing? (1) Yes No NA
- (h) Is there a designated staff member responsible for reprocessing? (1) Yes No NA
- (i) Is there a documented training process for staff performing reprocessing? (1) Yes No NA
- b. Cleaning**
- (a) Does the process for cleaning include written protocols for:
- (i) Disassembly? (1) Yes No NA
 - (ii) Sorting and soaking? (1) Yes No NA
 - (iii) Physical removal of organic material? (1) Yes No NA
 - (iv) Rinsing? (1) Yes No NA
 - (v) Drying? (1) Yes No NA
 - (vi) Inspecting? (1) Yes No NA
 - (vii) Wrapping? (1) Yes No NA
 - (viii) Practice Audits? (1) Yes No NA
- (b) Are cleaning accessories subject to a minimal of high level disinfection between uses? (1) Yes No NA
- (c) Are clean, sterile and soiled supplies separated and segregated? (1) Yes No NA
- (d) Does the soiled area have:
- (i) adequate counter space to receive soiled supplies? (2) Yes No NA
 - (ii) a double utility sink to rinse and clean soiled items? (2) Yes No NA
 - (iii) a flushing device for the disposal of body fluid wastes? (2) Yes No NA
- c. Disinfection of Reusable Medical Devices**
- (a) Is there a DIN number from Health Canada on the HLD solution? (1) Yes No NA
- (b) Is there a log kept of dates when HLD is changed? (1) Yes No NA
- (c) Is there a quality control procedure for checking test strips each time a new bottle is opened? (1) Yes No NA
- (d) Is there a log kept of the quality control procedure on test strips? (1) Yes No NA
- (e) Does rinsing medical equipment follow HLD with three separate rinses with clean water? (1) Yes No NA
- (f) Is reprocessed equipment stored in a manner that will keep them clean and dry? (1) Yes No NA
- d. Sterilization**
- (a) Are sterilization processes validated and documented with written policies and procedures? (1) Yes No NA
- (b) Is there a log kept of preventative maintenance performed on sterilization equipment? (1) Yes No NA
- (c) Is there a log kept of mechanical and chemical indicator results? (1) Yes No NA
- (d) Is there a quality control procedure performed and documented on all new biological indicator lots? (1) Yes No NA
- (e) Is there a log kept on biological monitoring results? (1) Yes No NA

(1) is a requirement
 (2) is a recommendation
 (3) is for information

- (f) Is there a process in place that clearly identifies a non-reprocessed piece of equipment from one that has been reprocessed? (1) Yes No NA
- (g) Are there protocols to ensure that sterilizing parameters are met? (1) Yes No NA
- (h) Are sterilizing monitoring records maintained as per standards with a procedure for recall of sterilized equipment? (1) Yes No NA
- (i) Are personnel appropriately trained to operate and monitor all sterilizers? (1) Yes No NA
- (j) Are approved methods of sterilizing used? (1) Yes No NA

e. Storage and Use of Reprocessed Medical Devices

- (a) Are sterile and clean supplies stored in an area that is free of dust, moisture, insects and temperature extremes? (1) Yes No NA
- (b) Are supplies stored off the floor? (1) Yes No NA
- (c) Is the sterility of reprocessed medical devices event related? (1) Yes No NA

7. Housekeeping and Waste Management

- 1. Are the premises neat, clean and free of waste material? (1) Yes No NA
- 2. Is there dedicated trained staff for housekeeping? (1) Yes No NA
- 3. Are there protocols for cleaning each operating room, patient care area and reprocessing area between cases, at the end of the day, weekly, monthly? (1) Yes No NA
- 4. Are provisions made for proper laundering of linen and washable goods? (1) Yes No NA
- 5. Are routine practices used in handling all patient materials? (1) Yes No NA
- 6. Is garbage collected, contained, stored, and disposed to prevent disease transmission? (1) Yes No NA

I. ENDOSCOPY

Note to Inspector: This portion is only to be completed for those facilities performing Endoscopic Procedures.

Does the facility perform Endoscopic Procedures? (1) Yes No
 If **no**, proceed to **Section J**.
 If **yes**, complete the following.

1. Personnel

1. Are personnel immunized for Hepatitis B? (2) Yes No
2. Are bronchoscopy personnel monitored for exposure to tuberculosis? (2) Yes No
3. Are eye protection and moisture-resistant masks worn during cleaning and the disinfection/sterilization process? (1) Yes No
4. Are moisture-resistant gowns worn by personnel? (1) Yes No
5. Are Routine Practices adhered to by all personnel? (1) Yes No
6. Is appropriate WHISM material available? (1) Yes No

2. Reprocessing of Endoscopes

1. Are there written polices and procedures for all steps of the reprocessing of endoscopes? (1) Yes No
1. Are endoscopes inspected for damages during all stages of handling? (1) Yes No
2. Are all endoscopes "leak tested" according to manufacturer's recommendations prior to starting the cleaning process? (1) Yes No
3. Is meticulous manual cleaning performed on each endoscope using enzymatic detergents, brushes, channel irrigators and thorough rinsing? (1) Yes No
4. Is sterilization or high level disinfection performed after cleaning? (1) Yes No
5. Are endoscopes rinsed to remove all traces of disinfectant? (1) Yes No
6. Are endoscopes channels flushed with alcohol and dried completely? (1) Yes No
7. Are endoscopes stored vertically in a well ventilated area with valves separate from endoscopes? (1) Yes No
8. If AER is used, is the process preceded by meticulous cleaning? (1) Yes No
9. Are protocols for specific endoscopes and AERs in place? (1) Yes No

3. Accessories

1. Are non-disposable accessories meticulously cleaned, disinfected or sterilized according to manufacturer's guidelines? (1) Yes No
2. Are "O" rings lubricated according to manufacturer's recommendations? (1) Yes No
3. Are biopsy forceps cleaned with an enzymatic agent? (1) Yes No
 - (a) Is ultrasonic cleaning performed? (3) Yes No
 - (b) Is steam under pressure available? (3) Yes No
 - (c) Are the biopsy forceps sterilized? (1) Yes No
4. Are water bottles and connecting tubing sterilized or HLD daily? (1) Yes No

(1) is a requirement
 (2) is a recommendation
 (3) is for information

5. Are fresh water bottles and tubing utilized for each ERCP? (1) Yes No
6. Are accessories that penetrate the mucosal barrier cleaned with an ultrasonic cleaner and sterilized if they are not disposable? (1) Yes No
- 4. Medical Equipment**
1. Is routine cleaning of non-critical equipment using approved low level disinfectant performed? (1) Yes No
- 5. Environment**
1. Is general equipment, i.e. procedure carts, stretchers, sinks etc., cleaned with a low level disinfectant after each use? (1) Yes No
2. Are spills cleaned in keeping with routine practices? (1) Yes No
3. Is medical waste handled according to provincial and federal guidelines? (1) Yes No
4. Are patient care areas separate from cleaning/disinfection areas? (1) Yes No
5. Are there designated areas for hand washing? (1) Yes No
6. Are clean and dirty areas separate? (1) Yes No
7. Is air exchange equipment utilized? (2) Yes No
8. Is adequate space provided for drying and storing endoscopes and accessories? (1) Yes No
- 6. Continuous Quality Improvement**
1. Is comprehensive training available to all staff reprocessing endoscopes? (1) Yes No
2. Is competency of staff maintained through ongoing training and evaluations? (1) Yes No
3. Is there a comprehensive quality control program in place? (1) Yes No
4. Does the program include:
- (a) Visual inspection of equipment? (1) Yes No
- (b) Adherence to manufacturer's recommendations for maintenance schedules and service on endoscopes and AER? (1) Yes No
- (c) Use of appropriate process monitors as recommended by AER and germicide manufacturers? (1) Yes No
5. Is a record of patient name, type of procedure, and system used to reprocess each endoscope maintained? (1) Yes No
6. Is there a surveillance system in place to detect clusters of infections with endoscopic procedures? (1) Yes No

(1) is a requirement
(2) is a recommendation
(3) is for information

J. QUALITY ASSURANCE AND IMPROVEMENT

Note to Inspector: Review the Quality Assurance program.

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Is there a quality assurance and improvement program in place? | (1) | Yes | No | NA |
| 2. | Does it include structure, process, outcome and reflect the Standards? | (2) | Yes | No | NA |
| 3. | Is there an internal process for regular chart audits in place? | (1) | Yes | No | NA |
| 4. | Are adverse event reports reviewed quarterly and a summary included in the annual report? | (1) | Yes | No | NA |
| 5. | Is there a policy and procedure for addressing patient complaints? | (1) | Yes | No | NA |

(1) is a requirement
(2) is a recommendation
(3) is for information

K. MANUALS

Note to Inspector: Review Manuals – Refer to Standards for appropriate headings.

- | | | | | | |
|----|---|-----|-----|----|----|
| 1. | Is the facility's Policy Manual current, complete and available for personnel? | (1) | Yes | No | NA |
| 2. | Are individual policies signed by the Medical Director? | (1) | Yes | No | NA |
| 3. | Are past policies retained and filed for legal purposes? | (1) | Yes | No | NA |
| 4. | Is the Procedure Manual current, complete and available for orientation of new staff and reference? | (1) | Yes | No | NA |
| 5. | Are previous procedures retained and filed for legal purposes? | (1) | Yes | No | NA |
| 6. | Are specific manuals available for equipment used in the facility? | (1) | Yes | No | NA |
| 7. | Is there a process for review of policies and procedures and sign off by the Medical Director or appropriate designate every 4 years? | (1) | Yes | No | NA |
| 8. | Is there a process for review and sign off by the Medical Director or appropriate designate as policies and procedures are developed? | (1) | Yes | No | NA |

(1) is a requirement
(2) is a recommendation
(3) is for information

SIGNATURES

I have reviewed the information in the documents relative to this review and acknowledge that the information provided is accurate:

Medical Director:

Name (please print): _____

Signature: _____ Date: _____

Owner of Facility:

Name (please print): _____

Signature: _____ Date: _____