



CLINICAL AFFILIATE QUALITY ASSURANCE CONSULTATION

CAQA



Lincoln Memorial University -
College of Veterinary Medicine
Free clinical site assessment

***Partners in Veterinary
Clinical Education***

Clinical Affiliate Quality Assurance Program

LMU-College of Veterinary Medicine

Clinical Site Safety and Facilities Review Form

I. GENERAL INFORMATION

Clinical Site Name:	
LMU-CVM Reviewer:	
Date:	
Site facility supervisor:	
Reason for inspection:	
Person(s) giving tour	

	Yes	No
Is the facility AAHA accredited?		
Date of last AAHA inspection?		
Is the facility AZA accredited?		
Date of last AZA inspection?		
Is the facility AAALAC accredited?		
Date of last AAALAC inspection?		
Is the facility USDA inspected?		
Date of last USDA inspection		
Any other third party inspections, please list?		

II. SAFETY AND INSTRUCTIONAL ENVIRONMENT

Safety Measures:

Yes No N/A

1. If the facility has more than 10 employees, do they annually post OSHA form 300A Feb 1 to April 30?			
2. First aid kit present and clearly labeled			
3. Evacuation plan posted			
4. Fire suppression system (sprinklers, extinguisher, etc.)			
5. Smoke detection system			
6. Eye wash station if required by SDS			
7. Exit signage adequate			
8. Does the practice have a designated Safety officer? Name of Safety Officer: _____			
Comments:			

Radiation Safety:

Yes No N/A

9. Does the facility have radiographic equipment?			
10. Sources of ionizing radiation – portable/stationary	Dental	CT	MRI
Check appropriate boxes			
11. Last state/county inspection Date:			
12. Certificate of inspection posted			
13. Radiation warning signs posted			
14. Adequate personal protective equipment (aprons, gloves, etc.)			
15. Leaded eye wear			
16. Dosimeter monitoring program			
17. Procedure monitoring log			
18. Radioactive Iodine Treatment available?			
a. Certificate of inspection & other documents posted?			
b. Students involved with I131 treatment? (they should not be involved with actual treatment)			
19. Linear Accelerator in Use?			
a. Certificate of inspection & other documents posted?			
Comments:			

Controlled Drugs Safety:**Yes No N/A**

20. Does facility maintain controlled drugs			
21. When was facility last inspected by DEA Date:			
22. When was facility last inspected by state group? Date:			
23. Controlled drugs maintained with limited access to authorized personnel only in a substantially constructed storage cabinet/safe?			
24. Controlled drugs maintained in any location other than the normal secured storage area (crash cart, ambulatory vehicle, patient's treatment box or kennel etc.) a. If "Y", where?			
25. Are other storage areas of substantial construction and secure with limited access			
26. Are all controlled drugs logged individually			
Comments:			

Chemical Safety:**Yes No N/A**

27. Expired drugs identified/noted/segregated in pharmacy, treatment, vehicles a. Address how to handle			
28. SDS binder or on-line access to SDS			
29. Chemical labeling appropriate and clearly visible - Secondary Container Labels appropriate a. Provide resources if needed			
30. Anesthesia scavenger system in place a. Scavenging system – active or passive, absorbing or non-absorbing – Note: _____ b. If absorbing - are canisters replaced regularly? And dated?			
31. Anesthesia leak checks performed regularly			
32. If chemotherapy provided – personal protective equipment available, clear chemical labeling a. Are students involved with chemotherapy treatment? (they should not be)			
33. Chemotherapy hood?			

	Y	N	N/A
34. Are students involved with mixing and administering chemotherapy?			
a. Advise that students should NOT be involved in this!			
Comments:			

Isolation:

	Y	N	N/A
35. Separate isolation area (if not, describe location of isolation area)			
36. Isolation area identified with appropriate signage			
37. Posted isolation protocols at all times			
a. Share template for isolation protocols?			
38. Personal Protective Equipment available and in good condition			
Comments:			

Miscellaneous Safety:

	Y	N	N/A
39. Food present in treatment area			
40. Separate refrigerator for employee food			
41. Human food present in medical refrigerator –			
a. refrigerator sign “not for human food storage” or other such signage posted			
42. Compressed gas cylinders secured – describe – photo if necessary			
43. If laser available – personal protective equipment available, warning signs posted (temporary signs OK)			
44. Approved medical waste and sharps containers in use			
45. If ambulatory vehicles – maintained and appear safe			
a. IF controlled drugs used, describe storage in vehicle			
46. Livestock chutes safe and in good repair			
47. If livestock chutes – appropriate warnings displayed			
Comments:			

III. INSTRUCTIONAL FACILITIES

Surgical Facilities:

Adequate Inadequate N/A

48. Preparation room/area			
49. Surgery room			
50. Surgical Recovery			
51. Dental Facility separate from Surgical suite			
a. Describe location:			

Medical Facilities:

Adequate Inadequate N/A

52. Exam room(s)			
a. Number of exam rooms _____			
53. Treatment area			
54. Intensive or critical care facility			
55. Necropsy facility			
a. How often performed on-site?			
i. Weekly/Monthly/Annually/rarely:			
b. Performed on site?			
i. Describe location: _____			
ii. Protocols posted Y N			
iii. Sign – Necropsy in Progress posted when performing? Y N			
c. Performed off site at lab? Y N			
i. Where: _____			
d. Student involvement – perform/observe/off site lab			
Comments:			

Diagnostic Imaging:

Adequate Inadequate N/A

56. Radiology			
57. Ultrasound			
58. Computer Tomography			
59. Magnetic Resonance Imaging			
60. Endoscopy			
61. Other			
Comments:			

Diagnostic Laboratory:**Adequate Inadequate N/A**

62. In house CBC – manufacturer:			
63. In house Chemistry – manufacturer:			
64. In house Urinalysis – manufacturer:			
65. In house Cytology – manufacturer:			
66. Reference labs used – provide names a. Labs:			
Comments:			

Facility Structure:**Adequate Inadequate N/A**

67. Patient housing			
68. Student study area – office/break room – Describe:			
69. Client area/waiting room			
70. Overall building infrastructure			
Comments:			

Reference Resources:**Adequate Inadequate N/A**

71. Internet access			
72. Textbooks and Journals			
Comments:			

Medical Records:**Adequate Inadequate N/A**

73. Electronic - name of EMR provider:			
74. Paper			
75. Records are readily accessed and retrievable by students			
Comments:			

General Comments – Items to follow up

Signature of Evaluator: _____ Date: _____

Follow up:
Date/Item

Date	