



CLINICAL AFFILIATE
QUALITY ASSURANCE
CONSULTATION

CAQA 2.21.2020

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

***Partners in Veterinary
Clinical Education***



College of Veterinary Medicine

LINCOLN MEMORIAL UNIVERSITY

Clinical Affiliate Quality Assurance Program

LMU-College of Veterinary Medicine

Clinical Site Safety and Facilities Review Form

I. **GENERAL INFORMATION**

Clinical Site Name:	
Reviewer:	
Date:	
Site facility supervisor:	
Reason for inspection:	

Is the facility AAHA accredited? Y N

When was the facility last AAHA inspected? _____

Is the facility AZA accredited? Y N

When was the last AZA inspection? _____

Is the facility AAALAC accredited? Y N

When was the last AAALAC inspection? _____

Is the facility USDA inspected? Y N

Any other third party inspections, please list? _____

II. SAFETY AND INSTRUCTIONAL ENVIRONMENT

Safety Measures:

Y N 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: _____			
Comments:			

Radiation Safety:

Y N N/A

9. Does the facility have radiographic equipment			
10. Sources of ionizing radiation – portable/stationary	Dental	CT	MRI
11. Last state/county inspection			
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			
Comments:			

Controlled Drugs Safety:

Y N N/A

18. Does facility maintain controlled drugs			
19. When was facility last inspected by DEA Date:			
20. When was facility last inspected by state group? Date:			

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

Chemical Safety:

Y N N/A

26. Expired drugs identified/noted in pharmacy, treatment, vehicles			
27. SDS binder or on-line access to SDS			
28. Chemical labeling appropriate and clearly visible - Secondary Container Labels appropriate			
29. Anesthesia scavenger system in place			
30. Scavenging system – active or passive, absorbing or non-absorbing			
31. If absorbing are canisters replaced regularly? And dated?			
32. Anesthesia leak checks performed regularly			
33. If chemotherapy provided – personal protective equipment available, clear chemical labeling			
34. Chemotherapy hood?			
35. Are students involved with mixing and administering chemotherapy			
Comments:			

Isolation:

Y N N/A

36. Separate isolation area (if not, describe area)			
37. Isolation area identified with appropriate signage			
38. Posted isolation protocols at all times			
39. Personal Protective Equipment available			
Comments:			

Miscellaneous Safety:**Y N N/A**

40. Food present in treatment area			
41. Separate refrigerator for employee food			
42. Human food present in medical refrigerator - refrigerator sign "not for human food storage" or other such signage posted			
43. Compressed gas cylinders secured			
44. If laser available – personal protective equipment available, warning signs posted (temporary signs OK)			
45. Approved medical waste and sharps containers in use			
46. If ambulatory vehicles – maintained and appear safe			
47. Livestock chutes safe and in good repair			
48. If livestock chutes – appropriate warnings displayed			

Comments:

III. INSTRUCTIONAL FACILITIES**Surgical Facilities:****Adequate Inadequate N/A**

49. Preparation room/area			
50. Surgery room			
51. Surgical Recovery			
52. Dental Facility separate from Surgical suite		Yes	No
			N/A

Comments:

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

53. Exam room(s)			
54. Treatment area			
55. Intensive or critical care facility			
56. Necropsy facility / Area Describe location:			

Comments:

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

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

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

62. In house CBC			
63. In house Chemistry			
64. In house Urinalysis			
65. In house Cytology			
66. Reference – provide name Other:	Antech	IDEXX	N/A
Comments:			

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

67. Patient housing			
68. Student study area – office/break room			
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:			

Follow up actions: _____

Signature of Evaluator: _____ Date: _____