



Hillsborough County Inspection Checklist Pain Management Clinics

Clinic Name:	DOH Registration No.:	Date of Inspection:	
Street Address:	City, State, Zip Code:		
Physician Name:			
Property Zoned:	Allowable Use: <input type="checkbox"/> YES <input type="checkbox"/> NO		
List the Names of All Persons Working in the Clinic at the Time of the Inspection			
Name:	DOB:	Name:	DOB:
<i>**If additional space is required, attach a separate sheet listing the additional names**</i>			
Is a valid license displayed prominently in a common public area? (does not apply for initial inspection for licensure) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			
Valid Business Tax License? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Verify Hours of Operation (M-F 9AM-7PM, Sat. 9AM-5PM, Closed Sundays) Stated Hours of Operation:			
Does the Hillsborough County License Number Appear Prescription pads? (does not apply for initial inspection for licensure) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			
Are there indications that this is a cash only business? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, provide detail:			
Sufficient Parking Provided? (5 spaces per 1000 sq ft GFA) <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMENT:			
Sufficient Disabled Parking Provided? (See Table in Sec 6.05.02.J LDC) pharmaceuticals			
COMMENT:			



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Does Signage meet all requirements of the LDC (SECTION 7)? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENT:
Structural Conditions (NOTE ANY DEFICIENCY)
COMMENT:
Does the physical layout of the clinic match the site plan submitted at the time of application? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENT:
Are prescription pads secured in such a way as only authorized persons may access? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are pharmaceuticals secured in such a way as only authorized persons may access? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is the physician on the premises? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, are prescriptions being prescribed or dispensed? <input type="checkbox"/> YES <input type="checkbox"/> NO
Necessary actions (should you have questions about this inspection or the required actions for compliance, please call the Code Enforcement Officer at the bottom of this report):
Name of Code Enforcement Officer Performing Inspection: Telephone Number: