

VISN 23 DURABLE MEDICAL EQUIPMENT  
VENDOR SITE VISIT

CONTRACTOR:

SURVEY DATE:

SURVEYOR:

		NOT	
POLICY REVIEWS	PRESENT	AVAILABLE	COMMENTS
CUSTOMER ABUSE	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
DELIVERY/RETRIEVAL	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
ELECTRICAL SAFETY PROCEDURES	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
EMERGENCY PREPAREDNESS	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
EQUIPMENT RECALLS	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
FIRE SAFETY	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
MSDS	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
PATIENT CONFIDENTIALITY	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
PATIENT RIGHTS & RESPONSIBILITIES	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
QUALITY ASSURANCE	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
SAFETY CHECKS	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>

		NOT	
EMPLOYEE RECORDS:	PRESENT	AVAILABLE	COMMENTS
ORIENTATION	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
EDUCATION/TRAINING	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
COMPETENCY	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>

		NOT	
QUALITY ASSURANCE PLAN	PRESENT	AVAILABLE	COMMENTS
REVIEW OF QA PLAN (as it relates to V A Program)	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>

		NOT	
EQUIPMENT MANAGEMENT:	PRESENT	AVAILABLE	COMMENTS
WAREHOUSE			
STORAGE	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
INFECTION CONTROL	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
FIRE EXTINGUISHER	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>
NO SMOKING SIGN PRESENT/O2 SIGN	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="text"/>

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(2 of 2)

EQUIPMENT MANAGEMENT:	PRESENT	NOT AVAILABLE	COMMENTS
VEHICLE	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
STORAGE	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
FIRE EXTINGUISHER	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
O2 SIGN POSTED	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
EMERGENCY SAFETY KIT	<input type="checkbox"/> Check	<input type="checkbox"/> Check	

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DOCUMENTATION OF CORRECTIVE ACTIONS:	PRESENT	NOT AVAILABLE	COMMENTS
INCIDENT REPORTS	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
HOME VISITS	<input type="checkbox"/> Check	<input type="checkbox"/> Check	
PHONE CALLS	<input type="checkbox"/> Check	<input type="checkbox"/> Check	

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SIGNATURE OF SURVEYOR:	<input type="text"/>	DATE:	<input type="text"/>
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SIGNATURE OF CONTRACT REPRESENTATIVE:	<input type="text"/>
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