



Hillsborough County Pain Management Clinic Inspection Checklist



Name of Pain Management Clinic:		Date and Time of Inspection:	Telephone Number:	
Street Address:		City, Zip:	Clinic Hours of Operation:	
Hillsborough County PMC #:	DOH PMC #: PMC _____ -OR- Exempt _____	AHCA HCC#: HCC _____ -OR- Exempt _____		
Clinic Owner Name:		Name of Designated Physician:		
Other Physicians Working in Clinic: (* means physician was present during inspection)				
1. Do the employees present during the time of inspection match those listed on the employee list submitted by the clinic? If no, list individual(s) here:			Yes	No
2. Does the clinic have a valid business tax receipt?				
3. Does the clinic name, address and Hillsborough County PMC # appear on prescription pads? If no, list missing information:				
4. Is the Hillsborough County PMC license prominently displayed in a common, public area?				
5. Does the physical layout of the clinic match the site plan submitted by the clinic?				
6. Are prescription pads secured in such a way as only authorized persons may access them? Describe how and where they are being stored.				
7. Does the clinic dispense any controlled substances? If yes, describe how and where they are stored.				
8. What forms of payment for services does the clinic accept? List them below.				
9. How many patients are in the waiting room, foyer and parking lot? Describe below.				
1. Are there any deficiencies in the structural condition of the facility? If yes, describe:			Yes	No
2. Is there sufficient disabled parking provided?				
3. Does signage meet all requirements of the LDC (Section 7)?				
4. Is there sufficient parking provided?				
5. Are there any other Code Enforcement violations present? List them below.				

