



## MOBILE UNIT PERMIT FACILITY CHECKLIST

Permit Credential No.: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  Initial  Re-inspection

Operator/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Physical Address different than listed: \_\_\_\_\_

Licensees Registered: \_\_\_\_\_

Visitation Type:  Health Care Facility  Title I Public School  VIN No.: \_\_\_\_\_

### RECORDS

Have sample forms or current patient charts available for Inspectors to review.

1. Patient chart contains:
  - a. Official address and telephone number listed (40-37-320(B)(5)(g)(i))
  - b. Location where services were provided (40-37-320(B)(9)(a))
  - c. Name of licensee and staff who provided services and their license numbers, if applicable (40-37-320(B)(5)(g)(ii))
  - d. Description of treatment rendered (code preferred) or narrative of procedure (40-37-320(B)(5)(g)(iii))
  - e. Description of optometric needs diagnosed during examination (40-37-320(B)(5)(g)(iv))
  - f. Recommendation for patient to see another optometrist or ophthalmologist in the patient's geographic area for follow up treatment of the needs observed if mobile unit is unable to provide services (40-37-320(B)(5)(g)(v))
  - g. If consent is given by patient or patient's guardian, the institutional facility is provided with a copy of the information sheet (40-37-320(B)(5)(g))
2. Informed consent form for minors; must be signed by parent or guardian (40-37-320(B)(5)(f))
3. Emergency follow up care: must include prior arrangements for following up care located in the geographic area where services are being provided and contact information for patient to utilize for follow up care (40-37-320(B)(5)(b))
4. Record maintenance system (written or electronic records) in accordance with HIPAA and FERPA privacy protections (40-37-320(B)(9)(b))

### EQUIPMENT

1. Working carbon monoxide detector (40-37-320(B)(5)(e))
2. Written procedures and necessary equipment to provide services to disabled persons (40-37-320(B)(7)(a))
3. Access to potable water, including hot water (40-37-320(B)(7)(b))
4. Ready access to toilet facilities (OSHA requirement)

**COMPLIANCE**

- 1. Operator possess all applicable county and city licenses or permits. Includes business licenses to operate unit at location (40-37-320(B)(5)(d) and 44-7-260(12))
- 2. Mobile permit affixed in a prominent and conspicuous place within the unit (40-37-320(B)(3)(a))
- 3. Copy of license for personnel providing services, to be affixed in a prominent and conspicuous place within the unit (40-37-320(B)(8)(d))
- 4. Applicable federal, state, and local laws, regulations and ordinances dealing with:
  - a. Flammability – fire protection and suppression system in accordance with SC Regulations 61-108.1202.A and other local laws, regulations and ordinances
  - b. Zoning and Construction (Regulation 61-108.1601)
  - c. Sanitation (Regulation 61-108.1403)
  - d. Infectious waste management and universal precautions (Regulations 61-108.1406 and 61-108.1407)
  - e. OSHA and CDC guidelines (OSHA Standard Number 1915.88)

Inspection Results:  Pass  Fail (Must schedule re-inspection within thirty (30) days from date of inspection)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Operator or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Failure to pass the initial inspection will result in a re-inspection within thirty (30) days. Applicants who fail to pass the second inspection for non-compliance or exceed thirty (30) days, or require multiple rescheduling of an inspection greater than three (3) times, will be charged at a rate of \$75 per hour (including travel time) for each subsequent inspection.

Upon a passed inspection, Board staff will issue a permit listing the licensees registered with the unit. Mobile units found to be offering optometric service without a valid permit will be subject to Board action.