

Jun-30-10 01:20P

Maryland Department of Agriculture
State Board of Veterinary Medical Examiners
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Baltimore
County/Hospital License # 30-043 2043
Annual Initial _____
Follow-up _____ Complaint _____
Sanitation Certificate#

VETERINARY HOSPITAL INSPECTION REPORT

Date of Inspection: 4/27/16 Licensees: _____
Hospital Name: Boston Street Animal Hospital Gregory Burbelo
Address: 2304 Boston Street
City: Baltimore, Md Zip Code: 21224

Status Code Explanation: 1. Compliance 2. Needs Improvement 3. Non-Compliance 4. Not-applicable

I. Reception Area

Licenses displayed (15.14.03.01-2) 1
24-hour notice (15.14.01.16) 1
Clean, orderly & odor controlled (15.14.03.02A) 1

II. Examination Room

Clean & sanitary (15.14.03.02B) 1
Instruments clean and sanitary 1
Lighting adequate (15.14.03.05G) 1
Sharps & surgical instruments properly disposed (15.14.03.02H1) 1

III. Surgery/Treatment (15.14.03.04)

Clean & sanitary 1
Sterilization equipment 1
Instruments, linens, gowns, clean & sanitary 1
Scrub sink 1
Lighting adequate 1
Artificial respiration device 1
Sharps & surgical instruments properly disposed (15.14.03.02H1) 1

IV. Controlled Dangerous

Substance (15.14.01.12)
Drugs & pharmacy adequate 1
Narcotics locked 1
Expired medications removed (15.14.01.12-3) 1

V. Housing & Care (15.14.03.01-3)

Clean and sanitary 1
Cages, runs, and pens impervious and in good condition 1
Animals comfortable 1
Animals compatible 1
Exercise area 1
Lighting & ventilation 1
Temperature 1
Food & water 1
Odors controlled 1
Waste containers maintained and sanitary 1
Medical waste properly disposed 1
Vermin free 1

VI. Storage (15.14.03.08)

Food & bedding 1
Refuse Stored properly 1
Adequate for carcass 1

VII. Facility (15.14.03.05)

Floors smooth and non-absorbent 1
Floor-wall junctions adequate 1
Walls smooth and non-absorbent 1
Ceiling in good condition 1
Windows & lighting adequate 1
Adequate Space 1
Floor Drainage Sanitary 1
Ventilation 1
Temperature 1
Humidity 1
Fire alarm system 1
Emergency lighting 1

COMMENTS:

Good job!

ORDERS TO CORRECT VIOLATION(S)

YLS _____ Total number of days: _____

APPROVED / DISAPPROVED

Inspector: Beverly Raymond

Acknowledgement of Receipt.

"I have received this inspection report and I understand the findings of this inspection."

Veterinarian/staff: Greg Burbelo DVM
(Printed Name)

[Signature]
(Signature)