

Exposures

	Full Time		Part Time		Annual Hours Worked	
	Employees	Contracted	Employees	Contracted	Employees	Contracted
Registered Nurses						
Certified Nurse Assistants						
Nurse Aides						
Home Health Aides/ Caregivers						
Nurse Practitioners						
Physician Assistants						
Nurse Anesthetists						
Pharmacists						
Psychologists						
Counselors						
Social/Case Workers						
Physical Therapists						
Dieticians						
Laboratory Technicians						
Administrative Personnel						
Other (describe):						
Total Number of Employees/ Independent Contractors						

Are criminal record checks a part of pre-employment screening? Yes No

Are employment history checks a part of pre-employment screening? Yes No

Are licensure/certification checks a part of pre-employment screening? Yes No

Do all the above professionals have CPR/First Aid Training? Yes No

Are all the professionals licensed in accordance with applicable state and federal regulations? Yes No

If no, please provide details: _____

Does your practice include Pain Management? Yes No

If yes, specify the percentage of your practice derived from Prescription Only Pain Management. %

Services

Please give the approximate percentage of total service time spent in the following locations:

_____ % Patients Home	_____ % Outpatient Clinic	_____ % Hospital Ward (specify): _____
_____ % Assisted Living Facility	_____ % Surgery Center	_____ % Physician Office (specify specialty): _____
_____ % Nursing Home	_____ % Operating Room	_____ % Emergency Dept. of Hospital
_____ % Laboratory	_____ % Other (specify): _____	

Please indicate the approximate division of your patients or clients among:

_____ % Intensive Care	_____ % Surgical	_____ % Physical Rehabilitation
_____ % Skilled Care	_____ % Obstetrical	_____ % Addiction Rehabilitation
_____ % Intermediate Care	_____ % Hemodialysis	_____ % Psychiatric
_____ % Personal Assistance	_____ % Diagnostic Imaging	
_____ % Other (specify): _____		

Number of residents in each age range: 0-17 18-35 36-65 66+

Risk Management

Are you accredited by any accrediting organizations? Yes No

If yes, provide details: _____

Explain your Quality Assurance and Risk Management Program: _____

List the associations in which you are a member: _____

Are background checks performed for all employees, independent contractors, and volunteers? Yes No

If yes, what level or type are the criminal background checks:

Country State Federal Sexual Offender Registry

If no, provide details: _____

Are all employees, independent contractors and volunteers screened for drugs and alcohol? Yes No

If yes, how often are screens performed? _____

Does each patient have their own attending physician? Yes No

If no, provide details: _____

Describe your procedures for matching staff to patients. Who does the matching/assigning of staff to client, and what is his/her experience?

Who does the supervising of staff, and what is his/her experience?

Are you equipped with an emergency 24-hour telephone call line for all staff and patients? Yes No

Do you maintain a written clinical record showing the total number of visits by each category or staff for each patient? Yes No

Do you have a policy in place to prevent sexual abuse or allegations of sexual abuse? Yes No

If yes, explain and advise how often it is reviewed: _____

Medication and Procedures

Do you have a standard system to handle patients'/ clients' complaints or suggestions? Yes No

In case of emergency, is management available 24 hours a day, 7 days a week? Yes No

Do you have policies and procedures in place regarding medications? Yes No

Are nursing charts maintained regularly? Yes No

Do you have a supervision plan in place that monitors staff in daily relationships with clients? Yes No

Non-Owned Auto Information

Does your business own any vehicles? Yes No

What types of non-owned autos are used in your business? _____

How are they used? _____

Are non-owned autos used for transporting clients or patients? Yes No

If yes, please explain: _____

Are employees/contractors required to carry their own auto liability insurance? Yes No

If yes, what are the minimum limits required? _____

Are MVRs checked for all drivers? Yes No

If yes, how frequently?