

FACILITY INFORMATION

Facility Name: GULF COAST SLEEP CENTER AND
DIAGNOS

Address: 107 W WAY ST STE 19

Business Telephone Number: 9792669497

National Provider Identifier(NPI): 1508409707

City/State/Zip Code: Lake Jackson, TX 77566

Reason for Visit: Initial Enrollment

1. AUTHORIZED REPRESENTATIVE OR INTERVIEWEE

Name of Authorized Representative(s) or
Interviewee(s) 1

Holly Wagner, Office Manager

Name of Authorized Representative(s) or
Interviewee(s) 2

Betty Perry, RPSGT

Name of Authorized Representative(s) or
Interviewee(s) 3

Name of Authorized Representative(s) or
Interviewee(s) 4

2. VISIT DATES

Date of First Visit

12/12/2023



Time of First Visit

05:15 PM

Date of Second Visit



Time of Second Visit

3. FACILITY INSPECTION**A. PERFORMANCE STANDARD #3**

Performance standard #3 requires IDTFs to maintain a physical facility on an appropriate site.
(Photograph Required)

Office Suite-Mall

- ☒ Yes
☐ No

Private Residence

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

1. Is the ITDF located on an appropriate site?

- ☒ Yes
☐ No

2. Is the IDTF handicap accessible?

- ☒ Yes
☐ No

3. Were there patients in the facility during the inspection?

- ☐ Yes
☒ No

4. If this IDTF is at a fixed location, does the facility contain adequate space for testing, including all tests listed on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and storage of business and medical records?

- ☒ Yes
☐ No
☐ N/A

Office Suite-Office Building

- ☐ Yes
☒ No

Warehouse

- ☐ Yes
☒ No

If "Other", Please Describe

If "No", Please Describe

If "No", Please Describe

If "No", Please Describe

The facility is a sleep study center and patients have not shown up for the evenings sleep study at the time of the inspection.

If "No", Please Describe

5. If this IDTF is a mobile facility, does the mobile unit have access to facilities for hand washing, adequate patient privacy accommodations, and a home office location for the storage of business and medical records?

- ☐ Yes
- ☐ No
- ☒ N/A

If "No", Please Describe

B. PERFORMANCE STANDARD #4

Performance standard #4 requires IDTFs to have all applicable diagnostic testing equipment available at the physical site (excluding portable diagnostic testing equipment).

1. Does the IDTF maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial/registration numbers, at the physical site?

- ☒ Yes
- ☐ No
- ☐ N/A

If "No", Please Describe

2. Did the IDTF make the portable equipment or mobile unit(s) available for inspection?

- ☐ Yes
- ☐ No
- ☒ N/A

If "No", Please Describe

3. Does the IDTF maintain a current inventory of diagnostic equipment, including diagnostic testing equipment serial/registration numbers?

- ☒ Yes
- ☐ No

If "No", Please Describe

4. Has the IDTF provided updates to the MACs regarding equipment changes in accordance with existing regulation?

- ☒ Yes
- ☐ No

If "No", Please Describe

C. PERFORMANCE STANDARD #5

Performance standard #5 requires IDTFs to maintain a primary business phone under the name of the business.

1. Is the business telephone located at the IDTF or within the home office for the mobile IDTF?

- ☒ Yes
☐ No

If "No", Please Describe

2. Is the business telephone number listed in local telephone directory or is it available through directory assistance?

- ☒ Yes
☐ No

If "No", Please Describe

D. PERFORMANCE STANDARD #6

Performance standard #6 requires IDTFs to have comprehensive liability insurance in the amount \$300,000 per facility.

1. Did the IDTF provide proof of insurance upon request?

- ☒ Yes
☐ No

If "No", Please Describe

E. PERFORMANCE STANDARD #7

Performance standard #7 states that IDTFs must agree not to directly solicit patients; this includes, but is not limited to, a prohibition on telephone, computer, or in-person contacts.

How does the IDTF solicit new business?

Describe:

The provider relies on their social media presents and referrals from physicians, facilities and previous patients.

F. PERFORMANCE STANDARD #8

Performance standard #8 requires IDTFs to maintain a protocol regarding beneficiaries' complaints.

1. Does the supplier have a written complaint resolution procedure established?

- ☒ Yes
☐ No

If "No", Please Describe

G. PERFORMANCE STANDARD #9

Performance standard #9 requires IDTFs to post these standards for beneficiary review.

1. Has the IDTF posted the standards found at 42 CFR § 410.33 in the IDTF or home office for a mobile IDTF?

- ☐ Yes
☒ No

If "No", Please Describe

At the time of the visit the standards were not available or displayed but the provider stated they are ready to provide this to the MAC upon request.

H. PERFORMANCE STANDARD #11

Performance standard #11 requires IDTFs to have their diagnostic equipment calibrated and maintained per manufacturer's equipment instructions and in compliance with applicable manufacturer's suggested maintenance and calibration standards.

1. Does the IDTF have proof that diagnostic equipment has been calibrated and maintained per equipment instructions in accordance with manufacturer's instructions?

- ☒ Yes
☐ No

If "No", Please Describe

2. Did the IDTF provide a copy of the maintenance log upon request?

- ☒ Yes
☐ No

If "No", Please Describe

I. PERFORMANCE STANDARD #12

Performance standard #12 requires IDTFs to have technical staff on duty with the appropriate credentials to perform the tests.

1. Can the IDTF furnish the applicable Federal/State licenses and/or certifications for the individuals performing these services?

- ☒ Yes
☐ No

If "No", Please Describe

2. Can technical staff identify the supervising physician(s)?

- ☒ Yes
☐ No

If "Yes", list name(s) of supervising physician(s) that was provided by the technician.

If "No", Please Describe

Notes

Dr. Sanjay Aggarwal, MD

3. Is the supervising physicians(s) on site?

- ☐ Yes
☒ No

If "No", Please Describe

The physician is available anytime via telephone or video

4. Did the IDTF provide a written list of the technician(s) that will be furnishing services at this IDTF upon request?

- ☐ Yes
☒ No

If "No", Please Describe

At the time of the visit, this list is not available, but the provider is ready to submit to the MAC upon request.

5. Did the IDTF provide a written list of the supervising physician(s) that will be supervising services at this IDTF upon request?

- ☐ Yes
☒ No

If "No", Please Describe

At the time of the visit, this list is not available, but the provider is ready to submit to the MAC upon request.

J. PERFORMANCE STANDARD #13

Performance standard #13 requires IDTFs to have proper medical record storage and be able to retrieve medical records upon request within 2 business days.

1. Can the IDTF retrieve medical records within 2 business days

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the IDTF have proper medical records storage?

- ☒ Yes
☐ No

If "No", Please Describe

3. How are the records stored?

On-site

- ☒ Yes
☐ No

Electronically

- ☒ Yes
☐ No

Storage Facility

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

If "Other", Please Describe

K. PERFORMANCE STANDARD #14

Performance standard #14 requires IDTFs to permit CMS or its Contractors to conduct unannounced on-site inspections to confirm the IDTF's compliance.

1. Is the IDTF accessible during regular business hours?

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the facility maintain posted hours of operation?

- ☒ Yes
☐ No

If "Yes", list hours of operation below:

Monday - Time Open

9:00 AM

Monday - Time Close

5:00 PM

Monday - Appointment Needed

No

Tuesday - Time Open

9:00 AM

Tuesday - Time Close

5:00 PM

Tuesday - Appointment Needed

No

Wednesday - Time Open

9:00 AM

Wednesday - Time Close

5:00 PM

Wednesday - Appointment Needed

No

Thursday - Time Open

9:00 AM

Thursday - Time Close

5:00 PM

Thursday - Appointment Needed

No

Friday - Time Open

9:00 AM

Friday - Time Close

5:00 PM

Friday - Appointment Needed

No

Saturday - Time Open

Closed

Saturday - Time Close

Closed

Saturday - Appointment Needed

No

Sunday - Time Open

Closed

Sunday - Time Close

Closed

Sunday - Appointment Needed

No

If "No", Please Describe

L. PERFORMANCE STANDARD #15

Performance standard #15 states that with the exception of hospital-based and mobile IDTFs, a fixed-base IDTF is prohibited from the following:

Sharing a practice location with another Medicare-enrolled individual or organization;

Leasing or subleasing its operations or its practice location to another Medicare-enrolled individual or organization; or

Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization.

1. Does the IDTF share its practice location?

☐ Yes

☒ No

If "Yes", Please Describe

2. Does the IDTF share diagnostic equipment?

☐ Yes

☒ No

If "Yes", Please Describe

3. Does the IDTF lease or sublease its operation or its practice?

☐ Yes

☒ No

If "Yes", Please Describe

4. ADDITIONAL QUESTIONS FOR INSPECTOR

A. Was the inspector able to complete the site visit?

☒ Yes

☐ No

If "No", Please Describe

Additional Comments

Phone call 12/12/2023 to 1 (979) 266-9497, her case notes, the inspector called the provider for BAO scenario. The inspector spoke with billing specialist Miss Wagner who confirmed that the clinical Director would be on location on 12/12/2023 from 3 PM to 7 PM. The provider was contacted in person. Miss Wagner confirmed that the suite number in the address is correct. All photos are confirmed to clearly show the facility details

C. Beyond what is disclosed in this site visit worksheet, was there any evidence obtained during the site visit that could indicate that the supplier is not in compliance with the provisions in 42 CFR 410.33?

☐ Yes

☒ No

If "Yes", Please Describe

D. Photographs Required

Photograph exterior of building (including business sign & hours of operation if possible)



Latitude: 29.04353806751691
Longitude: -95.45257628904231
Date: 12/12/2023 05:35 PM CST

Photograph interior facility entrance if located within a multiple tenant building (business signs & hours of operation, if possible)



Latitude: 29.04353806751691
Longitude: -95.45257628904231
Date: 12/12/2023 05:34 PM CST

E. Inspector's Information and Signature

I prepared this document, which is the report of my inspection of the noted facility pursuant to their enrollment in the Medicare program. This report is a true and accurate account of the events that occurred and transpired on the date(s) reported herein that this site visit was performed. I am capable and willing to testify as a witness at a hearing about the content of this report. The foregoing information is based on my personal knowledge or is information provided to me in my official capacity. I declare under penalty or perjury that this information is true and correct to the best of my knowledge and belief.

Executed on

12/12/2023



Signature of Declarant

Printed Name

Michael Bloemer

Organization

Deloitte

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1029. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Latitude: 29.04326651905124
Longitude: -95.45276476775643
Date: 12/12/2023 06:22 PM CST

Additional Licensing



Latitude: 29.04342891602717
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Date: 12/12/2023 06:27 PM CST

Additional Licensing



Latitude: 29.04347804391979
Longitude: -95.45282837812483
Date: 12/12/2023 05:41 PM CST

Business Records Storage



Latitude: 29.04353806751691
Longitude: -95.45257628904231
Date: 12/12/2023 05:36 PM CST

Business Signage

CPAP PRESSURE LOG

MONTH Dec 12/2023

ROOM	5cm	10cm	15cm	comments	Tech
1	✓	✓	✓		<i>[Signature]</i>
2	✓	✓	✓		
3	✓	✓	✓		

MONTH

ROOM	5cm	10cm	15cm	comments	Tech
1					
2					
3					

MONTH

ROOM	5cm	10cm	15cm	comments	Tech
1					
2					
3					

MONTH

ROOM	5cm	10cm	15cm	comments	Tech
1					
2					
3					

MONTH

ROOM	5cm	10cm	15cm	comments	Tech
1					
2					
3					

Latitude: 29.04347804391979
Longitude: -95.45282837812483
Date: 12/12/2023 06:06 PM CST

Calibration Log

Gulf Coast SLEEP CENTER & Diagnostics

Please tell us how we are doing

The management and staff at Gulf Coast Sleep Center & Diagnostics take pride in providing patients with superior customer service. Please take a few minutes to answer the questions below.

Scheduling

1. Were you promptly contacted by our staff to schedule your sleep study?	Yes	No
2. Were we able to schedule you on your day/date preferred?	Yes	No
3. Was your insurance verified by the scheduler before scheduling your study?	Yes	No
4. Were you advised of any fees, what to expect, what to bring, our location, etc.	Yes	No
5. Was the scheduler friendly and courteous?	Yes	No
6. Did you receive a confirmation call the day of your study?	Yes	No

Arrival

7. Did the technician greet you when you arrived?	Yes	No
8. Was the waiting room, bedroom, and restroom clean in appearance?	Yes	No
9. Did the technician use hand sanitizer upon arriving/leaving the room?	Yes	No
10. Were gloves used during contact?	Yes	No

Experience

11. Did the technician explain the sleep study process to you?	Yes	No
12. Was the temperature of the room adequate?	Yes	No
13. Was the noise controlled during your study?	Yes	No
14. Was the technician courteous and attentive?	Yes	No
15. Did you feel safe in the lab?	Yes	No

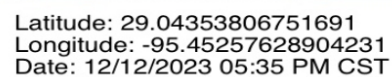
Comments: _____

Patient Signature: _____ Date: _____

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Date: 12/12/2023 06:01 PM CST

Complaint Forms

Latitude: 29.04347804391979
Longitude: -95.45282837812483
Date: 12/12/2023 06:00 PM CST



Disability Access

Page 1

SERVICE DATE	MANUFACTURER	EQUIPMENT DESCRIPTION	MODEL	SERIAL NUMBER
04/21/2023	DEFIBTECH	DEFIB	LIFE LINE	101201788
04/21/2023	CAREFUSION	VIEDO MAC	NA	007A12035C3
04/21/2023	CAREFUSION	SOMNOSTAR	16846	JW000235-A-5
04/21/2023	VIASYS	SOMNOSTAR	16886	JDA001667-A-2
04/21/2023	RESMED	TX LINK	NA	NA
04/21/2023	RESMED	TX LINK	NA	NA
04/21/2023	RESMED	TX LINK	NA	NA
04/21/2023	RESMED	CPAP	30802	20110913311
04/21/2023	RESMED	CPAP	30802	20110961518
04/21/2023	RESMED	CPAP	30802	20110913310
04/21/2023	EVERFLO	OXYGEN	1020014	34843
04/21/2023	DELL	COMPUTER	NA	1063024887
04/21/2023	DELL	COMPUTER	OPTIPLEX	26929410805
04/21/2023	DELL	COMPUTER	OPTIPLEX	3741822325

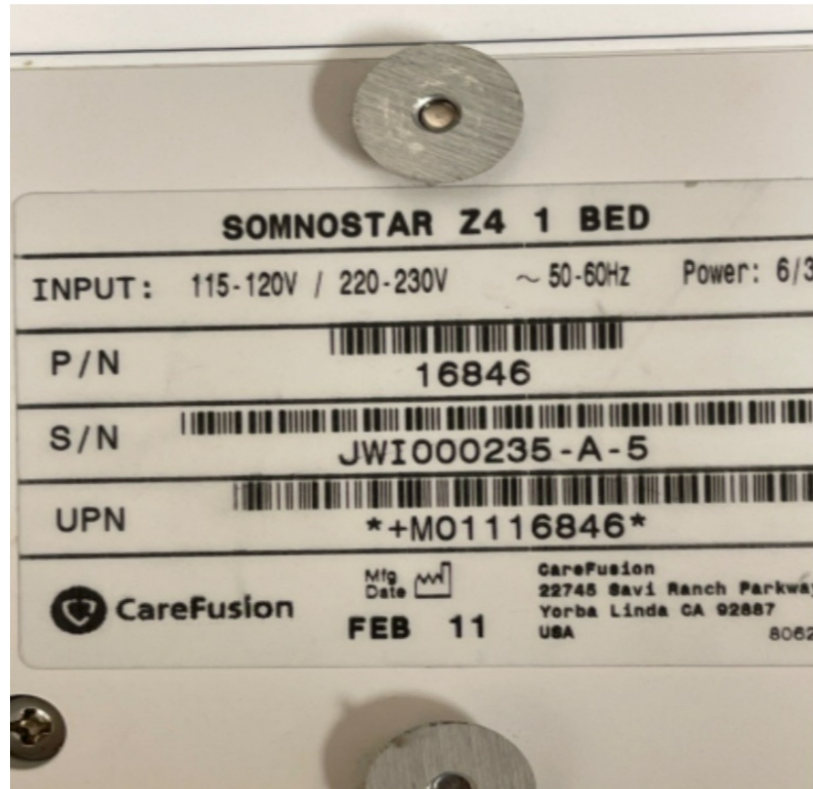
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Date: 12/12/2023 05:44 PM CST

Equipment



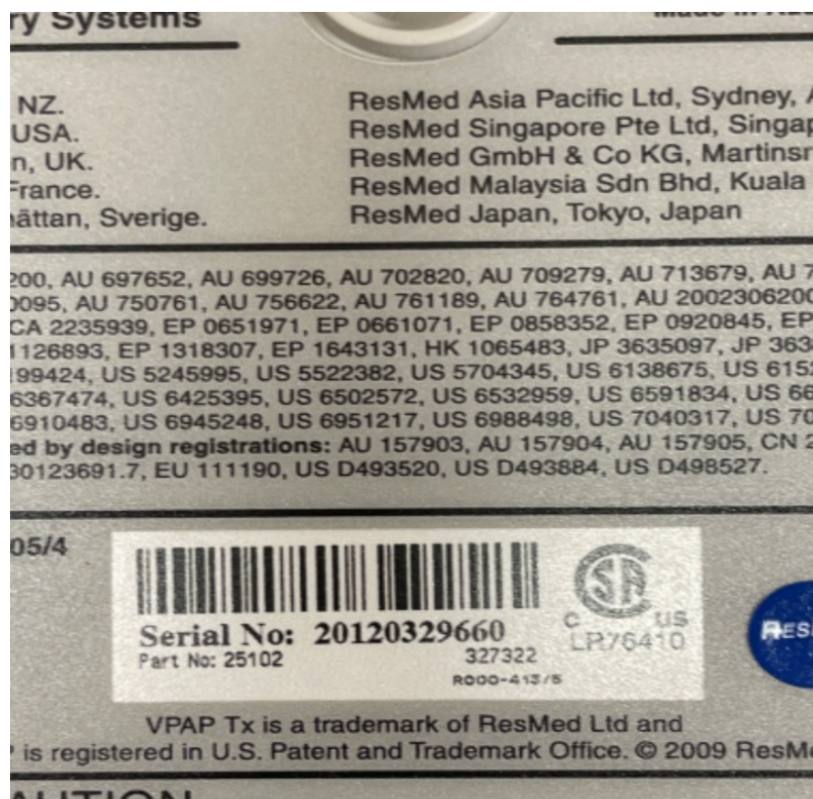
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Date: 12/12/2023 05:46 PM CST

Equipment 01 - Photo



Latitude: 29.04347804391979
 Longitude: -95.45282837812483
 Date: 12/12/2023 05:47 PM CST

Equipment 01 - Serial Number 1 of 2



Latitude: 29.04347804391979
 Longitude: -95.45282837812483
 Date: 12/12/2023 05:53 PM CST

Equipment 01 - Serial Number 2 of 2



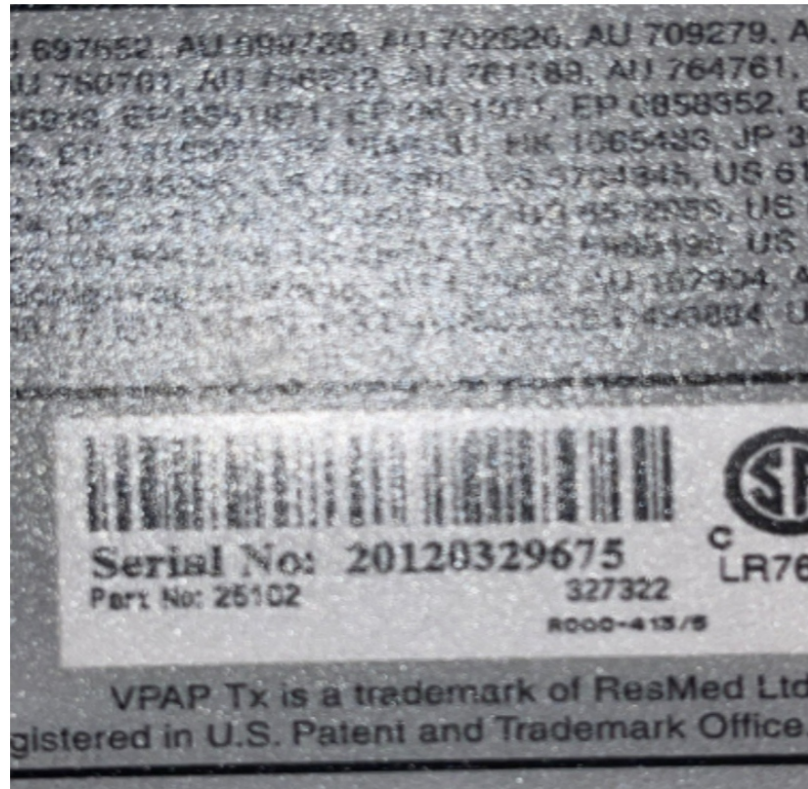
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Longitude: -95.45276476775643
Date: 12/12/2023 06:21 PM CST

Equipment 02 - Photo



Latitude: 29.04326651905124
Longitude: -95.45276476775643
Date: 12/12/2023 06:20 PM CST

Equipment 02 - Serial Number 1 of 2



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Date: 12/12/2023 06:20 PM CST

Equipment 02 - Serial Number 2 of 2



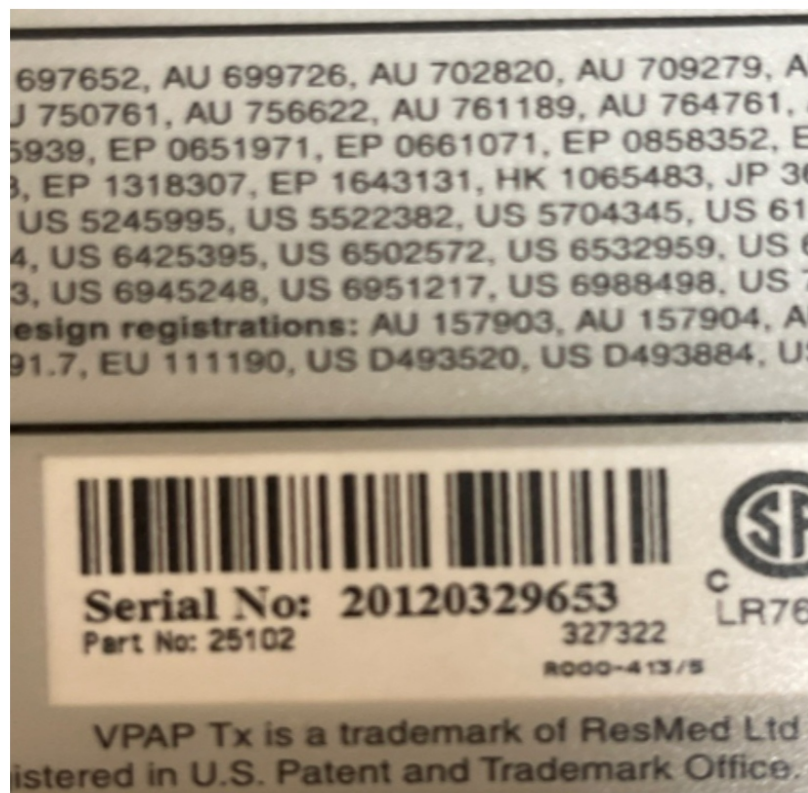
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Date: 12/12/2023 06:22 PM CST

Equipment 03 - Photo



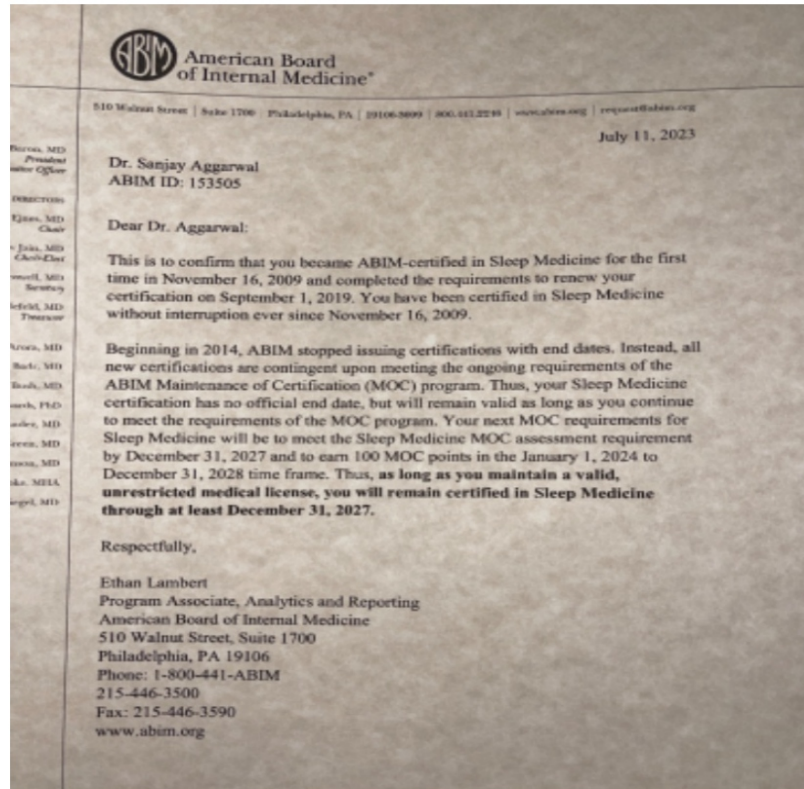
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Equipment 03 - Serial Number 1 of 2



Latitude: 29.04326651905124
 Longitude: -95.45276476775643
 Date: 12/12/2023 06:24 PM CST

Equipment 03 - Serial Number 2 of 2



Latitude: 29.04326651905124
Longitude: -95.45276476775643
Date: 12/12/2023 06:11 PM CST

Federal/State Licenses



Latitude: 29.04347804391979
Longitude: -95.45282837812483
Date: 12/12/2023 05:42 PM CST

Handwashing



Latitude: 29.04353806751691
 Longitude: -95.45257628904231
 Date: 12/12/2023 05:36 PM CST

Hours of Operation

Nationwide PREMIER BUSINESSOWNERS POLICY
 OFFICE
 LIABILITY DECLARATIONS

Policy Number: ACP BP013039609321 Policy Period: From 12-30-2022 To 12-30-2023

Limits Of Insurance		Limit
Each Occurrence Limit of Insurance	Per Occurrence	\$1,000,000
Medical Payments Sub Limit	Per Person	\$5,000
Tenants Property Damage Legal Liability Sublimit	Per Covered Loss	\$300,000
Personal And Advertising Injury	Per Person Or Organization	\$1,000,000
Products-Completed Operations Aggregate Limit	All Occurrences	\$2,000,000
General Aggregate (Other Than Products-Completed Operations)	All Occurrences	\$2,000,000

Automatic Additional Insureds Status
 The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

Co-Owners of Insured Premises	\$25,000	\$25,000
Controlling Interest	\$25,000	\$25,000
Grantor of Franchise or License	\$25,000	\$25,000
Lessors of Leased Equipment	\$25,000	\$25,000
Managers or Lessors of Leased Premises	\$25,000	\$25,000
Mortgagee, Assignee or Receiver	\$25,000	\$25,000
Owners or Other Interest from Whom Land has been Leased	\$25,000	\$25,000
State or Political Subdivisions - Permits Relating to Premises	\$25,000	\$25,000

Liability Deductible	Deductible
None	\$0
\$1,000	\$1,000
\$2,500	\$2,500
\$5,000	\$5,000
\$10,000	\$10,000
\$25,000	\$25,000
\$50,000	\$50,000
\$100,000	\$100,000
\$250,000	\$250,000
\$500,000	\$500,000
\$1,000,000	\$1,000,000

Latitude: 29.04347804391979
 Longitude: -95.45282837812483
 Date: 12/12/2023 05:52 PM CST

Liability Insurance

Lighthouse Medical Solutions SERVICE INSPECTION REPORT				
REQUESTION DATE: 4/21/23	FACILITY: GULF COAST SLEEP	MANUFACTURER: DEBIRTECH	EQUIPMENT DESCRIPTION: DUPH	EQUIPMENT CONTROL #
REQUESTED BY:	DEPARTMENT: SLEEP MED	MODEL #	SERIAL #	CUSTOMER P.O. #
ROUTINE INSPECTION	INCREASING INSPECTION	CURT #	EQUIPMENT CODE	PM MONTHS
INSPECTION PROCEDURE		INSPECTION DATA		
INSPECT, CLEAN & LUBRICATE AS REQUIRED		COMMENTS	PASS	FAIL
Power cord, plug & strain reliefs			*	
Chassis, knobs, switches and connectors			*	
Meters, gauges, lamps and lenses			*	
Fans & filters / Tubing, hoses & "O"-rings			*	
Drive motor / pump / compressor and gearing				
VERIFY PERFORMANCE AND CALIBRATION		COMMENTS	PASS	FAIL
Batteries and Charging Circuitry			*	
Display accuracy and response			*	
Alarm accuracy and response				
Output isolation / sync circuits				
CRT traces / Recording assemblies				
QUANTITATIVE DATE MEASUREMENTS		MODE	SETTINGS	INDICATED
Circle one:	Test Load:			
— BPM	— Watts			
— RPM	— Temp. [I] [D]			
— Joules (Watt-Seconds)	— Weight [Lbs] [Kg]			
— Seconds				
— RF Amps				
— ML/Hr				
— L/Min				
— mmHg				
— PSI				
DESCRIPTION OF WORK PERFORMED:				
PERFORM ELECTRICAL SAFETY INSPECTION		COMMENTS	PASS	FAIL
Grounding resistance (< .50 Ohms)		Batt unit	0.0	
Chassis Leakage (< 100 uA)		BATT. LED GREEN	0.0	
Patient Lead Leakage (< 20 uA)		BATT TEST PASSED		
Patient Lead Isolation (< 20 uA)				
Completion Date:	Work Order Reference:	Labor Hours: .3	Inspector: LT	

Latitude: 29.04347804391979
Longitude: -95.45282837812483
Date: 12/12/2023 06:07 PM CST

Maintenance Log

Lighthouse Medical Solutions SERVICE INSPECTION REPORT				
REQUESTION DATE: 4/21/23	FACILITY: GULF COAST SLEEP	MANUFACTURER: VIAVIS	EQUIPMENT DESCRIPTION: SCENDO	EQUIPMENT CONTROL #
REQUESTED BY:	DEPARTMENT: SLEEP MED	MODEL #	SERIAL #	CUSTOMER P.O. #
ROUTINE INSPECTION	INCREASING INSPECTION	CURT #	EQUIPMENT CODE	PM MONTHS
INSPECTION PROCEDURE		INSPECTION DATA		
INSPECT, CLEAN & LUBRICATE AS REQUIRED		COMMENTS	PASS	FAIL
Power cord, plug & strain reliefs			*	
Chassis, knobs, switches and connectors			*	
Meters, gauges, lamps and lenses			*	
Fans & filters / Tubing, hoses & "O"-rings			*	
Drive motor / pump / compressor and gearing				
VERIFY PERFORMANCE AND CALIBRATION		COMMENTS	PASS	FAIL
Batteries and Charging Circuitry			*	
Display accuracy and response			*	
Alarm accuracy and response				
Output isolation / sync circuits			*	
CRT traces / Recording assemblies				
QUANTITATIVE DATE MEASUREMENTS		MODE	SETTINGS	INDICATED
Circle one:	Test Load:			
— BPM	— Watts			
— RPM	— Temp. [I] [D]			
— Joules (Watt-Seconds)	— Weight [Lbs] [Kg]			
— Seconds				
— RF Amps				
— ML/Hr				
— L/Min				
— mmHg				
— PSI				
DESCRIPTION OF WORK PERFORMED:				
PERFORM ELECTRICAL SAFETY INSPECTION		COMMENTS	PASS	FAIL
Grounding resistance (< .50 Ohms)			.311	
Chassis Leakage (< 100 uA)			.001	
Patient Lead Leakage (< 20 uA)				
Patient Lead Isolation (< 20 uA)				
Completion Date:	Work Order Reference:	Labor Hours: .3	Inspector: LT	

Latitude: 29.04347804391979
Longitude: -95.45282837812483
Date: 12/12/2023 06:07 PM CST

Maintenance Log - Equipment 02

SERVICE INSPECTION REPORT				
REQUESTION DATE: 12/21/23	FACILITY: GULF COAST SLEEP	MANUFACTURER: BENNETT	EQUIPMENT DESCRIPTION: REG MED LINK	EQUIPMENT CONTROL #
REQUESTED BY:	DEPARTMENT: SLEEP RM 3	MODEL #: 2501	SERIAL #: NA	CUSTOMER P. C. #
Routine Inspection	Insomniac Inspection	CONF #	EQUIPMENT CODE	PM MONTHS
INSPECTION PROCEDURE		INSPECTION DATA		
INSPECT, CLEAN & LUBRICATE AS REQUIRED		COMMENTS	PASS	FAIL
Power cord, plug & strain reliefs			*	
Chassis, knobs, switches and connectors			*	
Meters, gauges, lamps and lenses			*	
Fans & filters / Tubing, hoses & "O"-rings				
Drive motor / pump / compressor and gearing				
VERIFY PERFORMANCE AND CALIBRATION		COMMENTS	PASS	FAIL
Batteries and Charging Circuitry			*	
Display accuracy and response			*	
Alarm accuracy and response			*	
Output isolation / sync circuits			*	
CRT traces / Recording assemblies				
QUANTITATIVE DATE MEASUREMENTS		MODE	SETTINGS	INDICATED
Circle one:	Test Load:			
— BPM	— Watts			
— RPM	— Temp. [I] [D]			
— Joules (Watt-Seconds)	— Weight [Lbs] [Kg]			
— Seconds				
— RF Amps				
— ML/Hr				
— L/Min				
— mmHg				
— PSI				
DESCRIPTION OF WORK PERFORMED:				
PERFORM ELECTRICAL SAFETY INSPECTION		COMMENTS	PASS	FAIL
Grounding resistance (< .50 Ohms)			0.0	
Chassis Leakage (< 100 uA)			0.0	
Patient Lead Leakage (< 20 uA)				
Patient Lead Isolation (< 20 uA)				
Completion Date:	Work Order Reference:	Labor Hours: .3	Inspector: LT	

Latitude: 29.04347804391979
Longitude: -95.45282837812483
Date: 12/12/2023 06:08 PM CST

Maintenance Log - Equipment 03



Latitude: 29.04347804391979
Longitude: -95.45282837812483
Date: 12/12/2023 05:41 PM CST

Medical Records Storage



Latitude: 29.04347804391979
Longitude: -95.45282837812483
Date: 12/12/2023 05:41 PM CST

Privacy Accommodation



Latitude: 29.04353806751691
Longitude: -95.45257628904231
Date: 12/12/2023 05:36 PM CST

Suite Number



Latitude: 29.04326651905124
Longitude: -95.45276476775643
Date: 12/12/2023 06:13 PM CST

Technician ONE credentialing



Latitude: 29.04326651905124
Longitude: -95.45276476775643
Date: 12/12/2023 06:13 PM CST

Technician TWO credentialing