Form XIV

CHECK LIST FOR SINGULAR/JOINT INSPECTIONS FOR PRIVATE OUT PATIENT MEDICAL INSTITUTIONS BY HEALTH REGULATORY BODIES IN THE MINISTRIES RESPONSIBLE FOR HEALTH					
MEDICAL/DENTAL CLINIC/LABORATORY/PHARMACY/RADIOLOGY/X-RAY UNIT/MORTUARY					
Date:					
Basic information					
1.	**Name facility**				
2.	**Address**				
	(a) Physical				
	Building				
	County				
	Ward /Town/ Street				
	LR No.				
	Tel No./Mobile				
	Email				
	(b) Postal		Code		
3. (a)	**Proprietor**				
	Name:				
	Profession:				
	Pin No:				
(b)	**Registered owner**				
	(a) Name				
	(b) Licence Certificate No.		Date of issue	Expiry date	
4.	**Officer in charge**				
	(a) Qualification				
	(b) Registration No.		Practice licence number		
5.	**Name of Medical Personnel**	Cadre	Licence Number	Date of issue	Expiry date
6.	**Services offered**				
7.	Security of premises (external security & security features**) (permanent perimeter fence/fire assembly points/security guard)**				
8.	General cleaniliness of premises				
	Total	**10**			

9.				
	A. Medical/Dental Clinic	**Max score**	**Awarded**	**Comments**
	1. Consultation - Examination rooms			
1.	Examination Equipment	4		
2.	Resuscitation tray	3		
3.	Infection prevention & control	3		
4.	Policy, guidelines & SOPs	3		
5.	Medical records	4		
6.	Data Security	4		
7.	HMIS/EMR	4		
8.	Reports	3		
9.	Ventilation	2		
10.	Licences	10		
	Total	**40**		
	B. Pharmacy/ Chemist	**Max score**	**Awarded**	
1.	Security for medications (e.g. Secure cupboards for restricted drugs, only accessible by authorized persons & disposal of expired drugs)	10		
2.	Storage of drugs/display/labelling/ packaging conditions	7		
3.	Record-keeping and documentation (Prescriptions written & received and filed/medication errors documented and reported)	10		
4.	Reference materials ,Policy and SOPs as per national guidelines	3		
5.	Licences	10		
	Total	**40**		
	C. Laboratory	**Max score**	**Awarded**	**Comments**
1.	Class of the licence (A-E)	4		
2.	Policies, guidelines and SOPs (Including reporting procedures, handling / labelling / storage / disposal of specimens and safety program)	3		
3.	Equipment management program (manuals, inventory, service contract, calibration)	6		
4.	Record-keeping & Quality control of tests (EQA, IQA,control of analytical	10		

	errors)			
5.	Infection prevention and control	2		
6.	Registration, storage of equipment and reagents (is there a temperature recording system)	5		
7.	Licences	10		
	Total	**40**		
	D. Radiology / Imaging services	**Max score**	**Awarded**	**Comments**
1.	Current annual premise & device licence	4		
2.	Policies and SOPS (Code of practice including reporting, testing, calibrating, monitoring and control)	3		
3.	Quality assurance program (safety of the patient, worker, environment, security, film storage, quality and documentation)	10		
4.	Personal radiation monitoring (Badges, dose reports)	10		
5.	Radioactive waste management programs	3		
	Total	**30**		
	E. Nutrition			
1.	Basic Nutrition equipment and materials (weighing Stadiometer, MUAC, BP machine Blood sugar machine ,referrence charts)	10		
2.	SOPs (Nutrition assessment, Nutrition suppliments)	3		
3.	Nutrition care process, nutrition assessment, Diagnosis, intervention, M&E)	7		
4.	Record keeping and documentation	10		
5.	Licences	10		
	Total	**40**		
10.	**Findings and Recommendations**			

11.	**REGISTERED OWNER/ OFFICER IN - CHARGE**
	Name:.....Designation:..... Email..... Tel No.:.....Date.....Sig.:.....
	INSPECTION TEAM

	NAME:	**BOARD/COUNCIL /MOH**	**DESIGNATION**	**SIGN**	**DATE**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					