



The Joint Health Inspection Checklist (Inpatient and Outpatient)

Checklist for Singular or Joint Inspections for Public and
Private Providers by Health Regulatory Bodies under the
Ministry of Health



Score, max	Score, actual	SECTION 2: HEALTH FACILITY INFRASTRUCTURE			Comments
35		A. Building			
15		1. Signage			
3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility display legible signage?	
3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility display signage that is accurate (relevant)?	
3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the signage include the facility name?	
3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the signage include department names and direction?	
3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have an accessibility ramp for disabled/wheelchair patients?	
10		2. Ventilation Adequate ventilation is defined as at least 5% of the overall wall size of the room, or artificial ventilation. Check across different sections of the facility and score according to the overall performance.			
0		<input type="checkbox"/>	Very dissatisfactory		
3.3		<input type="checkbox"/>	Dissatisfactory		
6.6		<input type="checkbox"/>	Satisfactory		
10		<input type="checkbox"/>	Very satisfactory		
10		3. Lighting Adequate lighting is at least 10% of the overall size of the room. How well does this facility satisfy this criterion? Check across different sections of the facility and score according to the overall performance.			
0		<input type="checkbox"/>	Very dissatisfactory		
3.3		<input type="checkbox"/>	Dissatisfactory		
6.6		<input type="checkbox"/>	Satisfactory		
10		<input type="checkbox"/>	Very satisfactory		
35		B. Utilities			
15		1. Water			
7.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is safe, clean water available from a tap or container?	
7.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there sufficient storage for the water?	
10		2. Electricity			
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a stable source of power?	
10		3. Toilet facilities			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are clean toilets available for both male and female clients?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a cleaning roster displayed?	
30		C. Security			
10		1. Lockable door			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a lockable door?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the door secured with grills or another security mechanism?	
10		Fire control mechanism (For this question, if the facility is Level 4 or above then each question is worth 5 points. If the facility is not Level 4 or above then the question is worth 10 points. The maximum score is 10.)			
		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a fire control mechanism such as a fire extinguisher or sand buckets?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/> Is the equipment available in the reception area as well as specific departments (only Level 4 and above)?	
5		Fire assembly point (For this question, If the facility is Level 4 or above then each question is worth 1.25 points. If the facility is not Level 4 or above then each question is worth 1.67 points. The maximum score is 5.)			

Score, max	Score, actual	SECTION 2: HEALTH FACILITY INFRASTRUCTURE			Comments
		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a fire assembly point or fire assembly protocol?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a documented firefighting protocol?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility display emergency exit?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
5		4. Security			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a security system present (e.g. security guard, alarm system)?	
100		TOTAL			

Score, max	Score, actual	SECTION 3: GENERAL MANAGEMENT AND RECORDING OF INFORMATION			Comments
40		A. General Management			
10		1. Strategic Plan			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a strategic plan with its vision, mission, values and objectives?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the plan displayed and shared to all staff?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have an annual work plan or a business plan?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is an organizational chart available and approved by management?	
15		2. Client Service Charter			
1.9		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a client service charter displayed?	
1.9		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is it displayed in all key departments/areas?	
1.9		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does it mention common services offered?	
1.9		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does it mention obligations to clients?	
1.9		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does it mention waiting times for clients?	
1.9		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does it mention ways to communicate with management regarding problems and complaints?	
1.9		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does it mention services offered for free?	
1.9		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a regular performance review for the charter targets?	
15		3. List of staff			
7.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a list of all staff with qualifications and job descriptions?	
7.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are copies of professional certificates for all staff available at the facility?	
20		B. Quality Management			
-		1. Accreditation and certifications (not scored) Please list any certifications or accrediting bodies associated with this facility:			
-		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a quality improvement team?	
-		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there minutes for the last meeting (ask for a sample)?	
10		2. Monitoring performance indicators Are the following performance indicators collected and monitored?			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Infant mortality	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Immunization	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Maternal mortality	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Notifiable diseases	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are performance indicators shared with staff and published regularly?	
10		3. Client feedback mechanism			
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a functional client feedback mechanism (e.g., suggestion box or hotline number)?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is client feedback reviewed at least biweekly?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are client suggestions documented in a report?	
30		C. Medical Records and Information Systems			
10		1. Medical records for each patient			
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are medical records kept for each patient?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Do the records include names and unique patient numbers?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are medical records legible and signed?	

Score, max	Score, actual	SECTION 3: GENERAL MANAGEMENT AND RECORDING OF INFORMATION		Comments	
5		Approved register for all patients (For this question, if the facility has inpatient services then each question is worth 1.25 points. If there are no inpatient services then each question is worth 1.5 points. The maximum score is 5.)			
		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are outpatient registers kept?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/> Are inpatient registers kept (if inpatient services)?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/> Are inpatient and outpatient records kept separately (if inpatient services)?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are the registers up to date?	
10		3. System for storing medical records			
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a system in place for storing medical records?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a filing and numbering system for easy retrieval?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are the records protected in cabinets (if paper) or by password (if digital)?	
-		4. Data security (not scored)			
-		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does a system exist for keeping facility data, which is lockable and password protected?	
-		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the system for storing medical records have off-site backup functionality?	
5		5. Contribution to external databases and reports			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility contribute to HMIS?	
-		Please specify other external databases to which the facility contributes (not scored):			
10		D. Equipment Management			
5		1. Preventative maintenance plan for equipment			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a service contract for maintenance?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a written schedule (including next service date) for maintaining equipment?	
5		2. Calibration and validation			
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a written calibration schedule available at the area where equipment is used?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a document showing regular calibration?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are contracts available at the facility administration?	
100		TOTAL			

Score, max	Score, actual	SECTION 4: INFECTION PREVENTION AND CONTROL			Comments	
80		A. General				
20		1. Hygiene protocol				
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a hygiene protocol?		
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the hygiene protocol have a dedicated staff roster?		
30		2. Solid waste management				
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a standard operating procedure for waste management?		
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there an incinerator or contracted waste management company?		
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a waste holding area?		
20		3. General facility cleanliness				
5		Facility cleanliness entails the general appearance and odor across various departments, to understand whether the facility is cleaned regularly. How well does this facility satisfy this criterion?				
0		<input type="checkbox"/>	Very dissatisfactory			
1.7		<input type="checkbox"/>	Dissatisfactory			
3.3		<input type="checkbox"/>	Satisfactory			
5		<input type="checkbox"/>	Very satisfactory			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the paintwork acceptable?		
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the floor smooth?		
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the ceiling free of cobwebs and dust?		
10		4. General compound cleanliness (For this question, if all elements are available then each question is worth 3.3 points. If only one (either grass or bushes) is available then each question is worth 5 points. If neither grass nor bushes are available then the remaining question is worth 10 points. The maximum score is 10.)				
		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	Is the grass well maintained?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	Are the bushes neatly kept?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>		Is the site free of odor?	
20		B. Sterilization Services				
20		1. Central Supply Unit				
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a separate area for cleaning with decontamination and sterilization processes?		
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are standard operating procedures available for sterilization?		
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there storage available for sterile supplies?		
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are sterile supplies labeled and stored in a designated area?		
100		TOTAL				

Score, max	Score, actual	SECTION 5: MEDICAL AND DENTAL CONSULTATION SERVICES			Comments
80		A. General			
20		1. Triage			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have a triage area with a qualified nurse(s)?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is it located at the first point of contact with patients?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a standard operating procedure for triage?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a system for coding patients?	
20		2. Examination room			
6.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the examination room have a coach and a mackintosh?	
6.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the room have a consultation table with at least two chairs?	
6.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the room have a pedal bin and stepper?	
20		3. Examination equipment			
2.2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a thermometer available?	
2.2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a stethoscope available?	
2.2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a tongue depressor available?	
2.2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a weighing scale available/accessible?	
2.2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a blood pressure (BP) machine available/accessible?	
2.2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a torch available?	
2.2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a privacy screen available?	
2.2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a diagnostic set available?	
2.2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a lamp available?	
20		4. Emergency tray and equipment			
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have an emergency tray available at designated sites?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a checklist for regular review and updates to the emergency tray?	
-		Confirm that the emergency tray has the following essential drugs:			
1.7		<input type="checkbox"/>		Glucose	
1.7		<input type="checkbox"/>		Adrenaline	
1.7		<input type="checkbox"/>		Sodium bicarbonate	
1.7		<input type="checkbox"/>		Diazepam	
1.7		<input type="checkbox"/>		Phenobarbitone	
-		Confirm that the following emergency equipment is available:			
1.7		<input type="checkbox"/>		Ambu bag and mask available in pediatric and adult sizes	
1.7		<input type="checkbox"/>		Adjustable bed	
1.7		<input type="checkbox"/>		Functional suction machine	
1.7		<input type="checkbox"/>		Oxygen cylinder and flowmeter, or piped oxygen	
1.7		<input type="checkbox"/>		Endotracheal tubes	
20		B. Infection prevention and control			
4		1. Hygiene protocol			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a hygiene protocol?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the hygiene protocol have a dedicated staff roster?	
4		2. Hand washing			

Score, max	Score, actual	SECTION 5: MEDICAL AND DENTAL CONSULTATION SERVICES			Comments
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sink present with running water from a tap or modified storage container?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is soap available at the hand washing area?	
4		3. Solid waste management			
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there at least two color-coded bins (Red, black and/or yellow)?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there coded lining bags that match the color of the bins?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for waste management?	
4		4. Use of disinfectants			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence of disinfectant use?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are you able to observe disinfectant containers used for cleaning?	
4		5. Protective equipment			
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gloves available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gowns or dust coats available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are face masks available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are safety boots available?	
100		TOTAL			

Score, max	Score, actual	SECTION 6: LABOUR WARD			Comments
80		A. General			
10		1. Labour ward			
1.1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there privacy in the ward (privacy during delivery)?	
1.1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a delivery bed available?	
1.1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sterile delivery set available?	
1.1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a vacuum extractor available?	
1.1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a suction machine available?	
1.1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is an ambu bag and mask available?	
1.1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a cord ligature available?	
1.1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there sufficient lighting?	
1.1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are maintenance plans available for all equipment?	
10		2. Labour room floor			
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the floor appropriately covered (e.g. ceramic tiles or terrazzo)?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a drainage system?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a cleaning chart?	
10		3. Oxygen source			
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the labour ward have oxygen cylinder or piped oxygen connection?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a maintenance plan?	
10		4. Procedures for obstetrics emergency			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there procedures available for handling obstructed labour, foetal distress, eclampsia and APH/PPH/HELLP?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a functional resuscitative available with oxygen, suction machine and ambu bags?	
10		5. Access to theatre			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is an ambulance (or contact details) available?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a fully equipped theatre near the labour ward?	
10		6. Procedure for monitoring labour			
1.4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a partograph available?	
-		Confirm partographs have the following information:			
1.4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is contraction properly charted?	
1.4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is cervical dilation recorded?	
1.4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is color coding done?	
1.4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is TPR/BP recorded?	
1.4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is urine output/input charted?	
1.4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are drugs coded?	
10		7. New born unit			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a functional incubator available?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does it have a temperature regulator?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does it have an oxygen connection?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are maintenance plans available?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a sitting area for nursing mothers?	
10		8. Sluice room			

Score, max	Score, actual	SECTION 6: LABOUR WARD			Comments
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sluice room with a sluicing sink available?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the sluice room have running water?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does it have a decontamination bucket?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are standard operating procedures available?	
20		B. Infection prevention and control			
4		1. Hygiene protocol			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a hygiene protocol?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the hygiene protocol have a dedicated staff roster?	
4		2. Hand washing			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sink present with running water from a tap or modified storage container?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is soap available at the handwashing area?	
4		3. Solid waste management			
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there at least two color-coded bins (Red, black and/or yellow)?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there coded lining bags that match the color of the bins?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for waste management?	
4		4. Use of disinfectants			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence of disinfectant use?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are you able to observe disinfectant containers used for cleaning?	
4		5. Protective equipment			
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gloves available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gowns or dust coats available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are face masks available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are safety boots available?	
100		TOTAL			

Score, max	Score, actual	SECTION 7: MEDICAL AND PEDIATRIC WARDS			Comments
80		A. General			
30		1. Patient oversight			
7.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are admissions procedures standardized with patient categorizations?	
7.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are patients in hospital uniform?	
7.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there regular ward rounds?	
7.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there handover and discharge reports on a standard form?	
20		2. Patient records			
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are patient records kept with unique reference numbers?	
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the filing system secure?	
30		3. Monitoring equipment			
6		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does each ward have a BP machine?	
6		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does each ward have a thermometer?	
6		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does each ward have a pulse oxymeter?	
6		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does each ward have a suction machine?	
6		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does each ward have an emergency room?	
20		B. Infection prevention and control			
4		1. Hygiene protocol			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a hygiene protocol?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the hygiene protocol have a dedicated staff roster?	
4		2. Hand washing			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sink present with running water from a tap or modified storage container?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is soap available at the handwashing area?	
4		3. Solid waste management			
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there at least two color-coded bins (Red, black and/or yellow)?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there coded lining bags that match the color of the bins?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for waste management?	
4		4. Use of disinfectants			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence of disinfectant use?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are you able to observe disinfectant containers used for cleaning?	
4		5. Protective equipment			
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gloves available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gowns or dust coats available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are face masks available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are safety boots available?	
100		TOTAL			

Score, max	Score, actual	SECTION 8: THEATRE			Comments
80		A. General			
10		1. Receiving area			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the receiving area have a barrier?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the receiving area have a shoe rack?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the receiving area have a coach?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the receiving area have adequate lighting?	
20		2. Changing rooms and scrubbing area			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the theatre have male and female changing rooms with barrier?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Do changing rooms have clean clothing?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Do changing rooms have masks?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Do changing rooms have caps?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Do changing rooms have theatre shoes?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a scrubbing area present?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a hands-free tap?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there swinging theatre doors?	
30		3. Operating area			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have adequate space?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have adequate lighting?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have adequate cabinets for non-pharms?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have adequate sterile gloves?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have a standard operating table?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have an adequate functional anaesthetic machine?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have adequate ambu-bags, both adult and paediatric?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have adequate monitors?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have adequate laryngoscopes?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating area have adequate endotracheal tubes?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating room have a functioning suction machine?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the operating room have adequate back-up oxygen, separate from anaesthetic machines?	
10		4. Staff requirements			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there at least three nurses (scrub, runner and anaesthetic nurse)?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are nurses skilled with peri-operative training?	
10		5. Recovery room			
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the recovery room have adequate lighting?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the recovery room have a monitor?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the recovery room have a drip stand?	
20		B. Infection prevention and control			
4		1. Hygiene protocol			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a hygiene protocol?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the hygiene protocol have a dedicated staff roster?	
4		2. Hand washing			

Score, max	Score, actual	SECTION 8: THEATRE			Comments
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sink present with running water from a tap or modified storage container?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is soap available at the handwashing area?	
4		3. Solid waste management			
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there at least two color-coded bins (Red, black and/or yellow)?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there coded lining bags that match the color of the bins?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for waste management?	
4		4. Use of disinfectants			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence of disinfectant use?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are you able to observe disinfectant containers used for cleaning?	
4		5. Protective equipment			
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gloves available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gowns or dust coats available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are face masks available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are safety boots available?	
100		TOTAL			

Score, max	Score, actual	SECTION 9: PHARMACY			Comments
20		A. General condition of premises			
10		1. Ventilation Adequate ventilation is defined as at least 5% of the overall wall size of the room, or artificial ventilation. How well does this facility satisfy this criterion?			
0		<input type="checkbox"/>		Very dissatisfactory	
3.3		<input type="checkbox"/>		Dissatisfactory	
6.6		<input type="checkbox"/>		Satisfactory	
10		<input type="checkbox"/>		Very satisfactory	
10		2. Lighting Adequate lighting is at least 10% of the overall size of the room. How well does this facility satisfy this criterion?			
0		<input type="checkbox"/>		Very dissatisfactory	
1.7		<input type="checkbox"/>		Dissatisfactory	
3.3		<input type="checkbox"/>		Satisfactory	
5		<input type="checkbox"/>		Very satisfactory	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the pharmacy have adequate space for staff movement in the dispensing area?	
20		B. Storage and display of commodities			
6.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the pharmacy have secure, lockable cupboards for restricted drugs only accessible by authorized persons (e.g. narcotics and psychotropics)?	
6.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are drugs stored and displayed to good standards?	
6.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for the storage of medicines?	
30		C. Record keeping and documentation			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the pharmacy have a well-explained system for recording prescriptions?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the pharmacy have standard operating procedures for disposal of expired drugs?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a daily updated inventory system showing which commodities are available?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there documentation showing where medicines are procured?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there systems for documenting and feeding back medication errors?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there separate records for narcotic and psychotropic medicines?	
10		D. Reference materials and policies			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the pharmacy have reference materials for medicines (e.g. drug index)?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the staff familiar with these reference materials?	
20		E. Infection prevention and control			
4		1. Hygiene protocol			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a hygiene protocol?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the hygiene protocol have a dedicated staff roster?	
4		2. Hand washing			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sink present with running water from a tap or modified storage container?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is soap available at the handwashing area?	
4		3. Solid waste management			

Score, max	Score, actual	SECTION 9: PHARMACY			Comments
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there at least two color-coded bins (Red, black and/or yellow)?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there coded lining bags that match the color of the bins?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for waste management?	
4		4. Use of disinfectants			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence of disinfectant use?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are you able to observe disinfectant containers used for cleaning?	
4		5. Protective equipment			
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gloves available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gowns or dust coats available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are face masks available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are safety boots available?	
100		TOTAL			

Score, max	Score, actual	SECTION 10: LABORATORY			Comments
20		A. Policies, guidelines and SOPs			
-		1. Laboratory license class:			
5		2. Reporting procedures			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the laboratory have SOPs and guidelines for reporting lab procedures according to license class?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are the SOPs and guidelines for reporting lab procedures displayed?	
5		3. Handling, labeling and storage of specimen			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the laboratory have SOPs and guidelines for handling, labeling and storage of specimens?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are the SOPs and guidelines for handling, labeling and storage of specimens displayed?	
5		4. Disposal of specimens			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the laboratory have SOPs and guidelines for disposal of specimens?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are the SOPs and guidelines for disposal of specimens displayed?	
5		5. Standard quality operational manual			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the laboratory have standard quality operational manual (SOP of SOPs) available?	
30		B. Equipment management program			
10		1. Calibration and validation of equipment			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the lab have a system for regular calibration/validation of equipment available?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the system for calibration/validation of equipment placed close to respective equipment?	
10		2. Equipment maintenance documentation			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the laboratory have a systematic, well-documented equipment maintenance schedule?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are service contracts available for all lab equipment?	
5		3. System for procurement of equipment			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does lab have a system for equipment procurement that is known by staff (one other staff to explain to inspection team)?	
5		4. Inventory of equipment			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the laboratory have a list of all equipment in use?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the laboratory have a functional inventory management system?	
10		C. Record keeping and documentation			
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does lab have a records system integrated in the facility record system, i.e. Lab Information Management System (LMIS)?	
20		D. Quality control of tests			
10		1. Quality control practices			

Score, max	Score, actual	SECTION 10: LABORATORY			Comments
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are equipment registered, validated and calibrated?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there documentation of quality control of tests?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a documented system for regular review and improvement of laboratory tests?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there documentation of sample archiving, retrieval and disposal?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is Internal Quality Control (IQC) done regularly?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the laboratory enrolled in External Quality Assurance?	
10		2. Procurement and storage of reagents			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the laboratory have a functional temperature recording system in place?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are standards for procurement and safe storage of reagents in place, including an inventory of all reagents?	
20		E. Infection prevention and control			
4		1. Hygiene protocol			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a hygiene protocol?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the hygiene protocol have a dedicated staff roster?	
4		2. Hand washing			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sink present with running water from a tap or modified storage container?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is soap available at the handwashing area?	
4		3. Solid waste management			
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there at least two color-coded bins (Red, black and/or yellow)?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there coded lining bags that match the color of the bins?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for waste management?	
4		4. Use of disinfectants			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence of disinfectant use?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are you able to observe disinfectant containers used for cleaning?	
4		5. Protective equipment			
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gloves available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gowns or dust coats available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are face masks available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are safety boots available?	
100		TOTAL			

Score, max	Score, actual	SECTION 11: RADIOLOGY			Comments
35		A. Radiation protection			
10		1. Personal radiation dose monitoring			
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are personal radiation dose monitoring badges worn daily and evaluated monthly by the Radiation Protection Board?	
5		2. Radiation safety service provider			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility have records confirming that there is a radiation safety service provider for monitoring?	
5		3. Adequate number of lead aprons			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there an adequate number of lead aprons, i.e. a minimum of three: one each for the patient, patient-guardian and radiographer?	
5		4. Radiological examination in pregnancy			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a code of practice for pregnant women available and producible?	
10		5. Quality assurance of image processing			
10		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence of quality assurance of the image processing system (it may be digital, automatic or manual)?	
25		B. Policies, SOPs and registers			
5		1. Policies, SOPs and code of practice			
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are standard operating procedures available for radiology and imaging services?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence that they have been reviewed in the past year and reviewed annually?	
1.7		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a code of practice displayed next to the respective device?	
5		2. Reporting, testing and calibration			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is reporting, testing and calibrating up to date and displayed?	
5		3. Register of eradiating activities			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a register of eradiating activities and a monthly dose report for workers?	
10		4. Quality assurance program			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a quality assurance program?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the quality assurance program include safety of the patient, worker, environment, security and film storage?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a designated or appointed quality assurance staff member in the facility?	
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there updated annual documentation for quality assurance procedures?	
20		C. Radioactive waste management (For these questions, if the facility produces radioactive waste, then use the scores indicated below for each question. The maximum score for this set of questions is 20. If the facility does not produce radioactive waste, then score the full section (Section 11) out of a maximum total score of 80.)			
10		Personal safety measures			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the facility produce radioactive waste?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	Are patient and staff safety measures implemented alongside routine waste management tasks?
5		Radioactive waste management programs in place			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	Is there designated staff in charge of radioactive waste management?

Score, max	Score, actual	SECTION 11: RADIOLOGY			Comments
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	Are there records showing that radioactive waste management systems are in place?
5		3. Designated staff for radioactive waste management programs			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	Does the facility have designated personnel to oversee radioactive waste management programs?
20		D. Infection prevention and control			
5		1. Hygiene protocol			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>		Is there a hygiene protocol?
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>		Does the hygiene protocol have a dedicated staff roster?
5		2. Hand washing			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>		Is a sink present with running water from a tap or modified storage container?
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>		Is soap available at the handwashing area?
5		3. Use of disinfectants			
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>		Is there evidence of disinfectant use?
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>		Are you able to observe disinfectant containers used for cleaning?
5		4. Protective equipment			
1.25		Y <input type="checkbox"/>	N <input type="checkbox"/>		Are gloves available?
1.25		Y <input type="checkbox"/>	N <input type="checkbox"/>		Are gowns or dust coats available?
1.25		Y <input type="checkbox"/>	N <input type="checkbox"/>		Are face masks available?
1.25		Y <input type="checkbox"/>	N <input type="checkbox"/>		Are safety boots available?
100		TOTAL			

Score, max	Score, actual	SECTION 12: NUTRITION AND DIETETICS SERVICE UNIT			Comments	
17		A. Nutrition equipment, Tools and Supplies				
7		1. Nutrition equipment and tools				
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a functional calibrated weighing scale available?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a stadiometer available?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are Mid-Upper Arm Circumference (MUAC) tapes available?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a waist circumference tape available?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a functional blood pressure machine available?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a functional glucometer available?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are reference charts available?		
10		2. Food supplies, formulations and Nutrition supplements				
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is food store available with evidence of regular stock replenishment		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are 'Ready to Use Therapeutic Foods' (RUTF) available and accessible?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are 'Ready to Use Supplementary Foods' (RUSF) available and accessible?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are the F75 and F100 diet milks available and adequate for clients?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are food fortifiers available and acceptable?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are nutrition formulations for specialized nutrition support available and accessible when needed?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are Vitamin A Supplements available for children and expectant mothers?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are iron supplements available in the acceptable form?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are folate supplements available in the acceptable form?		
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is zinc supplement available?		
16		B. SOPs for nutrition care processes and other services				
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there SOPs for comprehensive nutritional assessment?		
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there adequate guidelines for nutritional diagnosis?		
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there guidelines for choice of appropriate nutrition care intervention?		
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there adequate guidelines for monitoring patient care?		
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there adequate SOPs for food formulations?		
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there adequate SOPs for food supplementation?		
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are SOPs reviewed and regularly updated (within a 5-year framework)?		
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are staff familiar with the SOPs and guidelines?		
10		C. Record keeping and documentation				
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the system for record keeping linked to the facility information management system?		
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a designated person aware of the documentation processes?		
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there security for the information in the system?		
2.5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a documented plan for regular updating?		
20		D. Patient feeding				
16		1. Inpatient feeding				

Score, max	Score, actual	SECTION 12: NUTRITION AND DIETETICS SERVICE UNIT			Comments
2.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there an inpatient feeding committee?	
2.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the composition of the committee include qualified nutritionist and dieticians licensed by the Kenya Nutritionists and Dieticians Institute (KNDI)?	
2.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a comprehensive protocol for inpatient feeding?	
2.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a food inspection committee with at least one licensed nutritionist?	
2.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a communication link between patients in the ward and the food preparation unit?	
2.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there food modification schemes for groups with special needs?	
2.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there an option for patients to choose from available sources of foods?	
4		2. Maternity feeding			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are postpartum mothers fed on an appropriately tailored diet?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is breastfeeding initiated within one hour after delivery?	
17		E. Food Preparation Unit			
6		1. Kitchen equipment and fuel			
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a functional blender available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a functional mincer available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a functional food weighing scale available and regularly calibrated?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are measuring jars available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are food trolleys available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are reliable sources of fuel available?	
5		2. Food Preparation Unit layout			
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the layout and physical structure of the kitchen adequate?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a diet therapy kitchen available and separated from normal food kitchen?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a mini store available in the kitchen for food from the main store?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the paediatric ward have room to prepare special food?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there adequate space for storage of food commodities?	
6		3. Kitchen personnel			
3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are kitchen personnel qualified caterers and trained cooks?	
3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the supervisor qualified and licensed by the Nutritionist and Dieticians Institute (KNDI)?	
20		F. Infection prevention and control			
4		1. Hygiene protocol			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a hygiene protocol?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the hygiene protocol have a dedicated staff roster?	
4		2. Hand washing			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sink present with running water from a tap or modified storage container?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is soap available at the handwashing area?	
4		3. Solid waste management			

Score, max	Score, actual	SECTION 12: NUTRITION AND DIETETICS SERVICE UNIT			Comments
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there at least two color-coded bins (Red, black and/or yellow)?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there coded lining bags that match the color of the bins?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for waste management?	
4		4. Use of disinfectants			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence of disinfectant use?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are you able to observe disinfectant containers used for cleaning?	
4		5. Protective equipment			
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gloves available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gowns or dust coats available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are face masks available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are safety boots available?	
100		TOTAL			

Score, max	Score, actual	SECTION 13: MORTUARY			Comments
20		A. SOPs for body processing			
4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for receiving bodies?	
4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for identifying bodies?	
4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for storage of bodies?	
4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for release of bodies, including solid disposal?	
4		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for disposal of bodies and body parts?	
4		B. Equipment, materials and utilities			
10		1. Water and toilets			
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the mortuary have clean, running water from a tap or container?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the mortuary have access to clean toilet facilities?	
3.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a cleaning roster displayed at the toilet facilities?	
20		2. Coolers and embalming mechanisms			
20		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the system for preservation of bodies functional (e.g. coolers or formalin technology)?	
10		3. Mortuary equipment			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a body trolley available?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a dissecting kit available?	
20		C. Mortuary environment and security			
10		1. Internal mortuary environment			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the mortuary have a working drainage system?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the odor from the mortuary reaching patient areas and the public?	
10		2. Mortuary location and security			
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is the mortuary accessible by vehicle for the public?	
5		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there adequate security measures (e.g. locking mechanism, guards)?	
20		D. Infection prevention and control			
4		1. Hygiene protocol			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there a hygiene protocol?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Does the hygiene protocol have a dedicated staff roster?	
4		2. Hand washing			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is a sink present with running water from a tap or modified storage container?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is soap available at the handwashing area?	
4		3. Solid waste management			
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there at least two color-coded bins (Red, black and/or yellow)?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there coded lining bags that match the color of the bins?	
1.3		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are there standard operating procedures for waste management?	
4		4. Use of disinfectants			
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Is there evidence of disinfectant use?	
2		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are you able to observe disinfectant containers used for cleaning?	
4		5. Protective equipment			

1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gloves available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are gowns or dust coats available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are face masks available?	
1		Y <input type="checkbox"/>	N <input type="checkbox"/>	Are safety boots available?	
100		TOTAL			

SECTION 14: FINDINGS AND RECOMMENDATIONS				
Registered owner of the facility				
Name:		Designation:		
Phone number:		Email:		
Date:		Signature:		
Inspections team				
Name	Health Regulatory Authority	Designation	Signature	
Findings and recommendations				
Health Facility Score Summary Table				
Section Number	Section Title	Sections Completed	Max Score	Total Score
		Tick all completed sections	Enter max potential score in "Total" row	Enter actual scores
Section 1	Administrative information	<input type="checkbox"/>	-	
Section 2	Health Facility Infrastructure	<input type="checkbox"/>	100	
Section 3	General Management and Recording of Information	<input type="checkbox"/>	100	
Section 4	Infection Prevention and Control	<input type="checkbox"/>	100	
Section 5	Medical and Dental Consultation Services	<input type="checkbox"/>	100	
Section 6	Labour Ward	<input type="checkbox"/>	100	
Section 7	Medical and Paediatric Wards	<input type="checkbox"/>	100	
Section 8	Theatre	<input type="checkbox"/>	100	
Section 9	Pharmacy	<input type="checkbox"/>	100	
Section 10	Laboratory	<input type="checkbox"/>	100	
Section 11	Radiology (If the facility does not produce radioactive waste, the maximum score for this section is 80.)	<input type="checkbox"/>	100/80	
Section 12	Nutrition and Dietetics Services Unit	<input type="checkbox"/>	100	
Section 13	Mortuary	<input type="checkbox"/>	100	
Section 14	Findings and Recommendations	<input type="checkbox"/>	-	
Total				

Overall facility score (numerator): _____ [|]

Maximum score possible (denominator): _____ [|]

Percent score of the facility (Numerator/Denominator): _____ [|]

Risk category of the facility (see risk rating table below for guidance): [_____]

Notes on Findings

Recommendations

Recommended action: incentive or warning/sanction (see risk rating table below for guidance):

Notes on recommendations:

Risk rating table to guide decisions on risk categorization of facilities, and accompanying recommended actions

Risk rating table to guide decisions on risk categorization of facilities, and accompanying recommended actions

Facility score (% of maximum score)	Compliance category	Warning/sanction/reward
0-10% *(or absence of licenses)	Non-Compliant	Close facility. Recommend prosecution where requisite registration and licensing is absent (as specified by the respective legislation) Closed facilities that have a license, may ask for a re-inspection after corrections for purposes of reopening and re-categorization, subject to the criteria established by the competent authority.
11-40%	Minimally compliant	3-month notice for correction + re-inspection Facility will be closed if it does not score over 40% of the maximum score in the 3 rd inspection. Facility may ask for re-inspection for purposes of re-categorization after corrections
Facility score (% of maximum score)	Compliance category	Warning/sanction/reward
41-60%	Partially Compliant	6-month notice for correction + re-inspection Facility will be closed if it does not score over 60% of the maximum score in the 3 rd inspection. Facility may ask for re-inspection for purposes of re-categorization after corrections
61-75%	Substantially Compliant	12-month notice for correction + re-inspection Facility may ask for re-inspection for purposes of re-categorization after corrections
>75%	Fully Compliant	No re-inspection for two years

* Other incentives under consideration include client signaling (quality mark and/or SMS feedback mechanism) and insurance recommendation