

OUTPATIENT/CASUALTY DEPARTMENT

8. RECEPTION/WAITING AREA

| Availability of:- | YES | NO |
|--|-----|----|
| a. Sufficient sitting facilities? | | |
| b. Good maintenance of the sitting facilities? | | |
| c. Patient Register? | | |
| d. Patient Cards? | | |
| e. Filing Facility? | | |
| f. Good record keeping? | | |
| g. Adequate ventilation? | | |
| h. Adequate lighting? | | |
| i. A waste bin with tight fitting lid? | | |
| j. Cleanliness in the room? | | |
| k. Is structure in a good state of repair? | | |
| | | |
| | | |

Comments:

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9 EXAMINATION ROOM

| Availability of:- | YES | NO |
|--|-----|----|
| a. A couch? | | |
| b. Couch linen? | | |
| c. A desk with adequate chairs? | | |
| d. Adequate privacy? | | |
| e. Adequate ventilation? | | |
| f. Adequate lighting? | | |
| g. A foot stool? | | |
| h. A hand washing basin with adequate running water? | | |
| i. Soap disinfectant? | | |
| j. Disposable paper wipes or hot air driers? | | |
| k. Waste bin with a tight fitting lid? | | |
| l. Cleanliness in the room? | | |
| m. A sink? | | |
| n. Is structure in a good state of repair? | | |
| | | |

Comments:

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10. TREATMENT ROOM

(a) EMERGENCY TRAY

Is there an emergency tray with minimum requirements of the following:-

| | YES | NO |
|------------------------|-----|----|
| a. Hydrocortisone? | | |
| b. Adrenaline? | | |
| c. Diazepam? | | |
| d. Aminophyline? | | |
| e. Phenobarbitone? | | |
| f. Atropine? | | |
| g. Potassium Chloride? | | |
| h. Calcium gluconate? | | |
| i. 50% Dextrose? | | |
| j. I. V. Fluids? | | |

Comments:

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(b) EMERGENCY EQUIPMENT

| | | |
|---|--|--|
| Availability of:- | | |
| a. A full oxygen cylinder with working gauge? | | |
| b. Suction machine? | | |
| c. Ambur bag? | | |
| d. Cannulae? | | |
| e. Giving sets? | | |
| f. Endo Tracheal Tube? | | |
| g. Laryngoscope? | | |
| h. Airway? | | |
| i. ECG? | | |
| j. Syringes? | | |
| k. Needles? | | |
| l. Spatula? | | |

Comments:

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11. OUT PATIENT/CASUALTY EQUIPMENT

Is there equipment available and in working order such as:

| | YES | NO |
|----------------------------|-----|----|
| a. Adult weighing scale? | | |
| b. Infant weighing scale? | | |
| c. Blood pressure machine? | | |
| d. Stethoscope? | | |
| e. Clinical thermometer? | | |
| f. Auriscope? | | |
| g. Ophthalmoscope? | | |
| h. Laryngoscope? | | |
| i. Foetal scope? | | |
| j. Sterilizer? | | |
| k. Refrigerator? | | |
| l. Patella hammer? | | |
| m. Wheel chair? | | |
| n. Stretcher? | | |
| o. Fire extinguisher? | | |
| p. Couch? | | |

Comments:

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12. OUT PATIENT DISPENSARY

| Availability of: | YES | NO |
|---|-----|----|
| a. A Dispensing room? | | |
| b. Is there a counselling room? | | |
| c. Qualified staff dealing with dispensing? | | |
| d. Adequate shelves for storing drugs? | | |
| e. A lockable cupboard for storage of restricted drugs? | | |
| f. A register for control of dangerous drugs? | | |
| g. Adequate ventilation? | | |
| h. Adequate lighting? | | |
| i. Security? | | |
| j. A dispensing impervious bench? | | |
| k. Sink with access to both hot and cold water supply? | | |
| l. A weighing scale? | | |
| m. A refridgerator? | | |
| n. Reference material | | |
| o. Graduated glass measures | | |
| p. Suitable range of labels for labelling reparked medicines? | | |
| q. Suitable means of counting tablets? | | |
| r. A container of distilled water for reconstitution? | | |
| s. A good dispensing practice? | | |
| t. A stock surveillance system? | | |
| u. Procedure for the disposal of drugs? | | |
| v. Fire extinguisher? | | |
| w. Good repair of the structure? | | |
| x. Expired drugs? | | |
| | | |

Comments:

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OUT PATIENT DEPARTMENT

13. TOILETS

Availability of:-

| | YES | NO |
|--|-----|----|
| a. Adequate male toilet with a urinal? | | |
| b. Adequate female toilets? | | |
| c. Is there separation of sexes? | | |
| d. Are they in good working condition? | | |
| e. Are they kept clean? | | |
| f. Are the toilets:- - water borne type? - dry closets type? (VIP) - are they labelled? | | |
| g. Is there a sluice room in the OPD/Casualty Department? | | |
| h. Adequate lighting? | | |
| i. Adequate ventilation? | | |
| j. Good state of repair of the structure? | | |
| k. Hand wash basins with adequate running water? | | |

Comments:

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14. Assessment of the hospital's performance in providing disaster/epidemic care services to the patients

| | YES | NO |
|--|-----|----|
| a. Does the hospital have a disaster/epidemic preparedness plan? | | |
| b. Does the hospital have a disaster/epidemic preparedness committee? | | |
| c. Do the staff receive appropriate education on their role and responsibility during an emergency e.g. bus accident or cholera? | | |
| d. Are the initial assessment, medical history and physical examination completed in a timely manner to meet patient needs? | | |
| e. Are the services available in a timely manner to meet patient needs? | | |
| f. Are there ambulances? | | |
| g. Is there intra facility communication? | | |

Comments:

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15. Assessment and management of patients in out patient/Casualty Department **through observations**

| | YES | NO |
|--|-----|----|
| a. Is the taking of history and physical examination adequate and comprehensive? | | |
| b. Is the admission assessment conducted by physician/clinical officer? | | |
| c. Is admission assessment performed in a manner that respects privacy? | | |
| d. Has a working diagnosis been made? | | |
| e. Are relevant investigations ordered? | | |
| f. Is patient assessment documented in the patient record? | | |
| g. How long did the assessment of the patient take? | | |

Comments:

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16. ASSESSMENT OF NURSING PROCEDURES (Observations)

A. Injection procedure

| | YES | NO |
|---|-----|----|
| a. Has the nurse explained the procedure to the patient? | | |
| b. Has she made the patient comfortable? | | |
| c. Is there adequate privacy? | | |
| d. Are all necessary equipment present? | | |
| e. Is the prescription counter checked for correct drug? | | |
| f. Is the correct amount of drug drawn? | | |
| g. Is the correct injection site chosen? | | |
| h. Is the injection site properly cleaned? | | |
| i. Is the injection administered correctly? | | |
| j. Are instruments kept sterile throughout the procedure? | | |
| k. Is the nurses' attitude towards patient positive? | | |
| l. Are the side effects of medicine explained? | | |
| m. Has the nurse checked for expiry date of the drug? | | |
| n. Has the nurse given Health Education to the patient? | | |
| o. Is there disposal of sharps? | | |

Comments:

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B. DRESSING OF WOUNDS

| | | |
|---|--|--|
| a. Is the place of operation kept clean? | | |
| b. Is the procedure explained to the patient? | | |
| c. Are fresh wounds protected from contamination? | | |
| d. Are all necessary instruments present? | | |
| e. Are instruments sterile? | | |
| f. Is dressing and bandage correctly applied? | | |
| g. Are instruments cleaned after use? | | |
| h. Are dirty dressings properly disposed of? | | |
| i. Is patient made comfortable? | | |
| j. Is Health Education given to the patients? | | |

Comments:

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17. INFECTION CONTROL IN INPATIENT CARE AREAS e.g. Wards, Laboratory, Radiology, Pharmacy and OPD

| | YES | NO |
|---|-----|----|
| a. Is equipment which is re-used appropriately cleaned, sterilized or disinfected between uses? | | |
| b. Do staff monitor sterilizer equipment (e.g. steam under pressure) for time, temperature and pressure to achieve sterilization? | | |
| c. Is the solution for disinfecting instruments in correct amount and concentration? | | |
| d. Are the instruments sterilised for the proper duration? | | |
| e. Is there availability and use of supplies such as gloves, soap, masks and disinfectant? | | |
| f. Is laundry and linen management carried out properly? | | |
| g. Is handling and disposal of “sharps” and needles done properly? | | |
| h. Is the infection control process documented in written policies and procedures? | | |
| i. Is there an Infection control Committee? | | |
| j. Is there a system which ensures effective infection control? | | |
| k. Is there proper disposal of blood wastes? | | |

Comments:

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18. **PATIENT RIGHTS:**

| | YES | NO |
|--|-----|----|
| a. Is there a written hospital document that addresses patient rights which reflect National Policy? | | |
| b. Are complaint handling and resolution addressed? | | |
| c. Are confidentiality and privacy addressed? | | |
| d. Is written information consent for surgical procedures obtained from a patient or a close relative? | | |
| e. Does the hospital distribute patient rights documents to patients and staff? | | |
| f. Are patients also informed verbally about their rights and responsibilities? | | |
| g. Does hospital leadership evaluate patient satisfaction? | | |
| | | |

Comments:

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19. STATE OF THE BUILDING AND GENERAL OBSERVATIONS IN ALL AREAS OF THE HOSPITAL

| | YES | NO |
|--|-----|----|
| Are the following in good condition? (Cleanliness and good state of repair) | | |
| a. External walls? | | |
| b. Internal walls? | | |
| c. Floors? | | |
| d. Ceiling? | | |
| e. Roof? | | |
| f. Doors? | | |
| g. Windows? | | |
| Is there: Artificial lighting? Natural lighting? Artificial ventilation? Natural ventilation? | | |
| Is there: a. A copy of relevant Fire Safety Laws and Regulation? b. Clearly marked location of fire extinguishers in all patient areas? c. Working supplies or equipment to extinguish fires e.g. sand buckets, Sprinkler system? d. Safe storage and handling of potentially inflammable materials? | | |
| Are the staff trained and knowledgeable in the event of a fire outbreak? | | |
| Do the staff members participate in a fire drill at least twice a year? | | |

Comments:

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20. LABORATORY SERVICES

Availability of:-

| | YES | NO |
|--|-----|----|
| a. Management of the laboratory services by a qualified and licenced individual? | | |
| b. Critical and essential laboratory equipment? | | |
| c. Essential laboratory reagents and supplies at all times? | | |
| d. Use of standard operating procedures? | | |
| e. Evidence of quality assurance and control procedures? | | |
| f. Is equipment used in the laboratory appropriate for the level of laboratory and tests performed? | | |
| g. Is infection control measures practised in the laboratory? | | |
| h. Is protective clothing available to staff? | | |
| i. Is there proper documentation and record keeping? | | |
| j. Is there a system which ensures a timely release of laboratory results to appropriate clinical staff? | | |
| k. Is there a Laboratory Safety Committee? | | |
| l. Is there infection control and safe disposal of water? | | |
| m. Is there a Laboratory Register? | | |
| n. Is there good record keeping? | | |
| o. Adequate ventilation? | | |
| p. Adequate lighting? | | |
| q. A waste bin with a tight fitting lid? | | |
| r. Cleanliness of the room? | | |
| s. Hand washing basin with adequate running water? | | |
| t. Soap/disinfectant? | | |
| u. Sharp boxes? | | |
| v. Adequate hygienic hand drying facilities? | | |
| w. Good repair of the structure? | | |

21. RADIOLOGY SERVICES

| | YES | NO |
|---|-----|----|
| a. Is there management of the Radiology Services by a qualified and licenced individual? | | |
| b. Are the essential radiological equipment available such as: - Functional X-ray machine? - Developing and Fixer machine? - Baths for development of films? - X-ray film dryer? - Film viewing boxes? | | |
| c. Are there essential supplies such as: - Films of different sizes - Necessary chemicals? | | |
| d. Is there an X-ray couch with bucky or stationary gird? | | |
| e. Is there good radiation shielding? | | |
| f. Is there dark room facilities? | | |
| g. Is there patients' changing room? | | |
| h. Is there patients' privacy? | | |
| i. Is there a current certificate from the Radiation Protection Board? | | |
| j. Is there adequate lighting? | | |
| k. Is there ventilation? | | |
| l. Is protective clothing and equipment available for patients and staff? | | |
| m. Is the Radiographer wearing the radiation monitoring badge? | | |
| n. Is there a radiation protective control booth (cubicle) | | |
| o. Is there a trefoil symbol (radiation warning sign) | | |
| p. Is there Radiation warning red light and whether operation? | | |
| q. Is there a radiology committee? | | |
| r. Is there a proper documentation and record keeping system? | | |
| s. Is infection control in the Radiology practised? | | |
| t. Is there evidence of quality assurance and control procedures? | | |
| u. Is there a system which ensures a timely release of radiology results to clinical staff? | | |
| v. Is the room kept clean? | | |
| w. Is there good repair of the structure? | | |
| x. A waste bin with a tight fitting lid? | | |
| y. A fire extinguisher? | | |

22. PHARMACY SERVICES

| | YES | NO |
|--|-----|----|
| Is there: | | |
| a. Management of the pharmaceutical services by a licenced individual? | | |
| b. An establishment of a Drug and Therapeutic Committee? | | |
| c. Written policies and procedures to govern the safe dispensing of drugs? | | |
| d. Adequate ventilation? | | |
| e. Adequate lighting? | | |
| f. Ensured security of drugs? | | |
| g. A process to ensure the distribution of drugs within the hospital? | | |
| h. Minimum equipment such as: - Graduated glass measures? - A working refridgerator? - A distiller? | | |
| i. Any expired drugs? | | |
| j. A procedure for the disposal of expired drugs? | | |
| k. Is an appropriate measure put in place to ensure stable room temperature? | | |
| l. Is there a process to ensure prevention of moisture and contamination of drugs? | | |
| m. Is there good repair of the structure? | | |
| n. Is the room kept clean? | | |
| o. A waste bin with a tight fitting lid? | | |
| p. A fire extinguisher? | | |
| q. Is there a drug information service offered? | | |
| r. i Is there any manufacturing done? | | |
| ii Is there adequate space and facilities for this? | | |
| s. Is there an appropriately qualified supervisor? | | |
| t. Is GMO practiced? | | |

Comments:

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23. **OPERATING THEATRE:**

| | YES | NO |
|---|-----|----|
| a. Is the operating theatre kept clean? | | |
| b. Are the following in good condition? (clean and good state of repair) - floor? - Walls? - Ceiling? | | |
| c. Is there: - An operating table? - Adequate lighting? - A theatre lamp? (Though not bright enough) - Anaesthetic machine? - Adequate air conditioning? | | |
| d. Are there trays and theatre trolleys? | | |
| e. Are there at least sterile general surgery sets? | | |
| f. Are there at least two (2) abdominal surgery sets (sterile)? | | |
| g. Are there change rooms for: - male staff? - female staff? | | |
| h. Are there adequate toilets with separation of sexes? - male staff? - female staff? | | |
| i. Is there protective clothing for staff? | | |
| j. Is there a scrubbing area with running water? | | |
| k. Is there an emergency back up lighting e.g. generator? | | |
| l. Is oxygen and medical gases available? | | |
| m. Are anaesthetic drugs available? | | |
| n. Is there sterilization equipment? | | |
| o. Is there a theatre register? | | |
| p. Are the theatre records properly maintained? | | |
| q. Are there theatre bins with tight fitting lids? | | |
| r. Is resuscitation equipment available? | | |
| s. Is there a sluice room? | | |
| t. Is the structure in good state of repair? | | |
| u. Is there a fire extinguisher? | | |
| v. Is there adequate separation between the operating room (sterile) and the other rooms? | | |
| w. Is there an ambulance service? | | |
| x. Is there a recovery room? | | |

Comments: (s) Sluice Room to be provided next to Recovery Room

24. KITCHEN

| | YES | NO |
|--|-----|----|
| Are the following in good condition (cleanliness and state of Good repair) | | |
| a. Stove? | | |
| b. Floors? | | |
| c. Walls? | | |
| d. Ceilings? | | |
| e. Roofs? | | |
| f. Are the following available: - cooking facilities? - Adequate clean utensils and crokery? | | |
| g. Hand washing facilities for staff? | | |
| h. Change room with shower and wash hand basin, and adequate toilets with separation of sexes for staff? | | |
| i. Are the staff in clean uniform? Are the staff clean in body with good personal habits? | | |
| j. Do staff have medical examination every 6 months? | | |
| k. Is there evidence of infestation? | | |
| l. Is infection control measures in the kitchen practised? | | |
| m. Stock rotation? | | |
| n. Fly proofing of the kitchen? | | |
| o. Is there a fire extinguisher? | | |
| p. Means of storage for perishable food stuffs? | | |
| q. Are wash hand basins in convenient places? | | |
| r. Adequate waste bins with tight fitting lids? | | |
| s. Natural and artificial ventilation? Natural and artificial lighting? | | |

Comments:

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25. LAUNDRY SERVICES

| | YES | NO |
|--|-----|----|
| a. Are essential laundry equipment available such as: - adequate washing facilities? - Adequate drying facilities? - Facilities for mending of linen? | | |
| b. Are the essential laundry equipment in good working condition? | | |
| c. Are the essential supplies available such as soap and disinfectants? | | |
| d. Are laundry staff given education on infection control? | | |
| e. Are the following in good condition? - floors - walls - ceilings | | |
| f. Are there any water leakages in the water pipes? | | |
| g. Is the laundry register properly maintained? | | |
| h. Are staff given protective clothing? | | |
| i. Is the laundry room kept clean? | | |
| j. Is there a fire extinguisher? | | |
| k. Adequate ventilation? | | |
| l. Adequate lighting? | | |
| m. A waste bin with a fitting tight lid? | | |
| n. Good repair of the structure? | | |
| o. Containers for both clean and dirty linen | | |
| | | |

Comments:

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DENTAL SERVICES

26. (a) **RECEPTION/WAITING ROOM**

| | YES | NO |
|---|-----|----|
| a. Is the management of dental services done by a licensed Dental Practitioner? | | |
| b. Has the Practitioner got a current practising licence? | | |
| c. Sufficient sitting facilities? | | |
| d. Patient register? | | |
| e. Patient cards? | | |
| f. Filing facility? | | |
| g. Proper record keeping? | | |
| h. Adequate ventilation? | | |
| i. Adequate lighting? | | |
| j. Is the room clean? | | |
| k. Is the building structure in good state of repair? | | |
| l. Is there a waste bin with a tight fitting lid? | | |

Comments:

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(b) EXAMINATION ROOM

| | YES | NO |
|--|-----|----|
| Is there | | |
| a. A table? | | |
| b. Adequate ventilation? | | |
| c. Adequate lighting? | | |
| d. Adequate privacy? | | |
| e. A hand washing basin with adequate running water? | | |
| f. Soap/disinfectant? | | |
| g. Hand wipers such as tissue paper or towels? | | |
| h. A waste bin with a tightly fitting lid? | | |
| i. Is the room kept clean? | | |
| j. Is the structure in good state of repair? | | |
| k. Are the essential supplies available? | | |
| l. Are the dental equipment and facilities adequate? | | |

Comments:

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(c) PROTECTIVE WEAR

| | YES | NO |
|--|-----|----|
| Are the following protective wear available? | | |
| a. Face mask? | | |
| b. Sterile gloves? | | |
| c. Duster coats? | | |
| d. Head gear? | | |

Comments:

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27. (a) **PHYSIOTHERAPY SERVICE**

| | YES | NO |
|---|-----|----|
| a. Is the management of physiotherapy services done by a licenced individual? | | |
| b. Has the individual got a current Practising Licence? | | |
| c. Sufficient sitting facilities? | | |
| d. Patient register? | | |
| e. Patient cards? | | |
| f. Filing facility? | | |
| g. Proper record keeping? | | |
| h. Adequate ventilation? | | |
| i. Adequate lighting? | | |
| j. A waste bin with a tight fitting lid? | | |
| k. Is the room clean? | | |
| l. Is the building structure in good state of repair? | | |
| m. Is there a fire extinguisher? | | |
| | | |

(b) **Staff Establishment**

| | Est. | Current | Variance |
|---------------------------|------|---------|----------|
| Chief Physiotherapist | | | |
| Principal Physiotherapist | | | |
| Senior Physiotherapist | | | |
| Physiotherapist(s) | | | |
| Total | | | |

Comments:

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(c) **ELECTROTHERAPY ROOM**

| | YES | NO |
|---|-----|----|
| Is there: | | |
| a. Plinths/couch? | | |
| b. Bedsheets? | | |
| c. Pillows and cases? | | |
| d. Adequate privacy? | | |
| e. Adequate ventilation? | | |
| f. Adequate lighting? | | |
| g. A hand washing basin with adequate running hot/cold water? | | |
| h. Soap/hand towel? | | |
| i. Is the room kept clean? | | |
| j. A waste bin with a lid? | | |
| k. Is the building structure in good state of repair? | | |
| l. Is there a fire extinguisher? | | |

| Number of: | Working | Not working |
|--------------------------|---------|-------------|
| Shortwave Diatherm units | | |
| Microwave Diatherm units | | |

Comments:

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| | YES | NO |
|--|-----|----|
| Is there: | | |
| a. Adequate lighting? | | |
| b. Adequate ventilation? | | |
| c. Adequate privacy? | | |
| d. Hand towel? | | |
| e. A couch/linen? | | |
| f. A hand wash basin with adequate running hot/cold water? | | |
| g. Soap/hand towel? | | |
| h. Is the room clean? | | |
| i. A waste bin with a fitting lid? | | |
| j. Is the building structure in good state of repair? | | |
| k. Is there a fire extinguisher? | | |

| | YES | NO |
|--|-----|----|
| Name of Gadget | | |
| a. Exercise springs (Registered springs) | | |
| b. Wobble Boards | | |
| c. Treatment beds | | |
| d. Weights | | |
| e. Exercise (stationery bicycles) | | |
| f. Quadriceps Bench | | |
| g. Exercise Table | | |
| h. Hand exercise gadgets | | |
| i. Pulleys (Lower limbs) | | |
| j. Pulleys (Upper limbs) | | |
| k. Exercise mats | | |
| l. Parallel Bars | | |
| m. Walking frames | | |
| n. Axillary Crutches | | |
| o. Elbow Crutches | | |
| p. Sand Bags | | |
| q. Suspension Frame | | |
| | | |

| | YES | NO |
|--|-----|----|
| a. Are there burglar bars? | | |
| b. Have the stores got grilled bars? | | |
| c. Are there adequate impervious and standard shelves for storing goods? | | |
| d. Is there evidence of infestation? | | |
| e. Is there adequate ventilation? | | |
| f. Is there adequate lighting? | | |
| g. Is there stock control cards? | | |
| h. Is monthly stock taking done? | | |
| i. Is the room kept clean? | | |
| j. A waste bin with a tight fitting lid? | | |
| k. Is the structure in good state of repair? | | |
| l. Is there a fire extinguisher? | | |

Comments:

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|--|--|--|
| a. Is the mortuary free of offensive smell? | | |
| b. Is there washing bay for bodies with piped water? | | |
| c. Are the following in good condition (cleanliness and state of repair) Floors? Walls? Ceiling? Roof? | | |
| d. Are there sanitary facilities and in good working condition? | | |
| e. Is there enough: Disinfectant? Hand washing soap? | | |
| f. Is water supply always available? | | |
| g. Are there enough protective clothing e.g. gloves, aprons, masks and boots? | | |
| h. Is there adequate ventilation? | | |
| i. Is there adequate lighting? | | |
| j. Is there an emergency back up generator? | | |
| k. Is the re Fridgerator system in good working order? Temperature of the refrigerator? | | |
| l. Are the mortuary staff given education on infection control? | | |

30. QUALITY ASSURANCE

| | YES | NO |
|--|-----|----|
| a. Has the hospital established a system to assess, monitor and improve quality of service? | | |
| b. Is the collection of hospital data and final analysis used to identify and prioritise improvements? | | |
| c. Is there a Quality Assurance Committee Team? | | |
| d. Is there evidence of Committee/Team Meeting Minutes? | | |

Comments:

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31. TO ASSESS HOW THE HOSPITAL DOES ITS PLANNING AND BUDGETING FOR OPERATION AND SERVICES

| | YES | NO |
|---|-----|----|
| a. Has the hospital leadership established sound financial policies and procedures? | | |
| b. Is there a Financial Committee? | | |
| c. Does the budget provide sufficient guidance and control of expenditure? | | |
| d. Are financial procedures and records maintained? | | |

Comments:

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32. TO ASSESS IF THERE IS ANY ADEQUATE NUMBER OF QUALIFIED STAFF TO MEET THE NEEDS OF PATIENTS.

| | YES | NO |
|---|-----|----|
| a. Is the staff personnel adequate in number to meet the needs of patients? | | |
| b. Are all necessary staff services performed? | | |
| c. Is there a spirit of team work? | | |
| d. Is there a Hospital Management Committee? | | |
| e. Does the Committee meet at least quarterly? | | |
| f. Does the hospital have written job descriptions for each position? | | |
| g. Are staff evaluated on their performance? | | |
| h. Are performance appraisals documented? | | |

Comments:

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33. REFUSE DISPOSAL

| | YES | NO |
|---|-----|----|
| Is there: | | |
| a. Refuse storage? Disposal facility? | | |
| b. Sharp disposal facility? | | |
| c. Are adequate storage bins available with tight fitting lids? | | |
| d. Are the storage bins in good condition? | | |
| e. Is incinerator available? | | |
| f. Is the incinerator in good state of repair? | | |
| g. How is the refuse disposed of: - by refuse pit? - By Municipal collection and disposal? - By incinerator? | | |

Comments:

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34. DRAINAGE

YES NO

| Drainage connections to: | | |
|---------------------------------|--|--|
| a. Septic Tank and Soakaway? | | |
| b. Sewerage System? | | |
| c. Any other? | | |

35. BED CAPACITY

