

**THE JOINT HEALTH INSPECTIONS CHECKLIST**

**Checklist for Singular or Joint Inspections for Public and Private Providers by Health Regulatory Bodies under the Ministry of Health  
2014**

| <b>SECTION 1: ADMINISTRATIVE INFORMATION</b>   |  |  |   |
|--|--|--|---|
| <b>A. Facility Registration and Location Information</b>   |  |  |   |
| Registration/Gazette name: _____   |  |  |   |
| Master facility number:  |  | Registration number (for private facilities):                |   |
| Physical location details  |  | Contact details  |   |
| Country:   |  | Name of contact:   |   |
| Sub-County/District:   |  | Qualification and designation of contact person:             |   |
| Address:   |  |  |   |
| Town/Market:   |  | Phone number:  |   |
| Building plot no:  |  | Email:   |   |
| <b>B. Facility Level and Details</b>   |  |  |   |
| 1. Facility ownership  | <input type="checkbox"/> Government/Public entity <input type="checkbox"/> Private non-profit<br><input type="checkbox"/> Private commercial (for-profit) <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____   |  |   |
| 2. Facility type   | <input type="checkbox"/> Combined medical facility (outpatient only)<br><input type="checkbox"/> Combined medical facility (outpatient and inpatient)<br><input type="checkbox"/> Medical clinic (stand-alone)<br><input type="checkbox"/> Dental clinic (stand-alone)<br><input type="checkbox"/> Laboratory/diagnostic facility<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Radiology<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Other facility, Specify [ _____ ] |  |   |
| 3. Level of facility   | <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6   |  |   |
| 4. Services offered (to be updated based in current 'Norms and Standards' document)                        |  |  |   |
|  |  |  |   |
| <b>C. Proprietor Information (Write 'Not Applicable (NA)' where relevant)</b>                              |  |  |   |
| 1. Details   |  |  |   |
| Proprietor name:   |  | Expiry date of license certificate number:                   |   |
| License certificate number:  |  | Indemnity cover number (if available):                       |   |
| <b>D. Health Professionals Information</b>   |  |  |   |
| 1. Technical Officer in Charge   |  |  |   |
| Qualification:   |  | Designation:   |   |
| Registration certificate number:   |  | Registering authority (Board/Council/Association or Society) |   |
| 2. Other Medical Personnel   |  |  |   |
| Does the facility have a list of all staff with registration details, including name and cadres?           |  |  | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Does the facility have all staff certificates with registration numbers?                                   |  |  | Y <input type="checkbox"/> N <input type="checkbox"/> |
| Has the inspection team verified that a sample of 5-10% of facility staff have valid registration numbers? |  |  | Y <input type="checkbox"/> N <input type="checkbox"/> |



| Score | SECTION 2: HEALTH FACILITY INFRASTRUCTURE  |  |                                       |  | Comments |
|-------|--|--|---------------------------------------|--|----------|
| 35    | <b>A. Building</b>   |  |                                       |  |          |
| 15    | <b>1. Signage</b>  |  |                                       |  |          |
|       | Does the facility display legible signage?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
|       | Does the facility display signage that is accurate (relevant)?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
|       | Does the signage include the facility name?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
|       | Does the signage include department names and direction?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
|       | Does the facility have an accessibility ramp for disabled/wheelchair patients?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
| 10    | <b>2. Ventilation</b>  |  |                                       |  |          |
|       | 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.        |  |                                       |  |          |
|       | <input type="checkbox"/> Very dissatisfactory  | <input type="checkbox"/> Dissatisfactory | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Very satisfactory |          |
| 10    | <b>3. Lighting</b>   |  |                                       |  |          |
|       | 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. |  |                                       |  |          |
|       | <input type="checkbox"/> Very dissatisfactory  | <input type="checkbox"/> Dissatisfactory | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Very satisfactory |          |
| 35    | <b>B. Utilities</b>  |  |                                       |  |          |
| 15    | <b>1. Water</b>  |  |                                       |  |          |
|       | Is safe, clean water available from a tap or container?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
|       | Is there sufficient storage for the water?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
| 10    | <b>2. Electricity</b>  |  |                                       |  |          |
|       | Is there a stable source of power?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
| 10    | <b>3. Toilet facilities</b>  |  |                                       |  |          |
|       | Are clean toilets available for both male and female clients?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
|       | Is there a cleaning roster displayed?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
| 30    | <b>C. Security</b>   |  |                                       |  |          |
| 10    | <b>1. Lockable door</b>  |  |                                       |  |          |
|       | Does the facility have a lockable door?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
|       | Is the door secured with grills or another security mechanism?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
| 10    | <b>2. Fire control mechanism</b>   |  |                                       |  |          |
|       | Does the facility have a fire control mechanism such as a fire extinguisher, sand buckets?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
|       | Is the equipment available in the reception area as well as specific departments?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
| 5     | <b>3. Fire assembly point</b>  |  |                                       |  |          |
|       | 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"/>            |  |          |
|       | Does the facility display fire assembly point signage?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
| 5     | <b>4. Security</b>   |  |                                       |  |          |
|       | Is there a security system present (e.g. security guard, alarm system)?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |          |
| 100   | <b>TOTAL</b>   |  |                                       |  |          |

| Score | SECTION 3: GENERAL MANAGEMENT AND RECORDING OF INFORMATION                               |                            |                            |                     |
|-------|--|----------------------------|----------------------------|---------------------|
| 40    | <b>A. General Management</b>   |                            |                            |                     |
| 10    | 1. Strategic Plan  |                            |                            |                     |
|       | Does the facility have a strategic plan with its vision, mission, values and objectives? | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Does the facility have an annual work plan or a business plan?                           | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Is the plan displayed and shared to all staff?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Is an organizational chart available and approved by management?                         | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
| 15    | 2. Client Service Charter  |                            |                            |                     |
|       | Is a client service charter displayed in all key departments/areas?                      | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Does it mention common services offered?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Does it mention obligations to clients?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Does it mention waiting times for clients?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Does it mention ways to communicate with management regarding problems and complaints?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Does it mention services offered for free?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Does the facility have a regular performance review for the charter targets?             | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
| 15    | 3. List of staff   |                            |                            |                     |
|       | Does the facility have a list of all staff with qualifications and job descriptions?     | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Are copies of professional certificates for all staff available at the facility?         | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
| 20    | <b>B. Quality Management</b>   |                            |                            |                     |
| -     | 1. Accreditation and certifications (not scored)   |                            |                            |                     |
| -     | Please list any certifications or accrediting bodies associated with this facility:      |                            |                            |                     |
| -     | 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)?                               | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
| 10    | 2. Monitoring performance indicators   |                            |                            |                     |
|       | Are the performance indicators collected and monitored?                                  |                            |                            |                     |
|       | Infant mortality   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Maternal mortality  |
|       | Immunization   | Y <input type="checkbox"/> | N <input type="checkbox"/> | Notifiable diseases |
|       | Are performance indicators shared with staff and published regularly?                    |                            |                            |                     |
| 10    | 3. Client feedback mechanism   |                            |                            |                     |
|       | Is there a functional client feedback mechanism (e.g. suggestion box or hotline number)? | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Is client feedback reviewed at least biweekly?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Are client suggestions documented in a report?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
| 30    | <b>C. Medical Records and Information Systems</b>  |                            |                            |                     |
| 10    | 1. Medical records for each patient  |                            |                            |                     |
|       | Are medical records kept for each patient?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Do the records include names and unique patient numbers?                                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Are medical records legible and signed?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
| 5     | 2. Approved register for all patients  |                            |                            |                     |
|       | Are inpatient registers kept (if inpatient services)?                                    | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Are outpatient registers kept?   | Y <input type="checkbox"/> | N <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?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
| 10    | 3. System for storing medical records  |                            |                            |                     |
|       | Is there a system in place for storing medical records?                                  | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Is there a filing and numbering system for easy retrieval?                               | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | Are the records protected in cabinets (if paper) or by password (if digital)?            | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |
|       | 4. Data security   |                            |                            |                     |
|       | 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?          | Y <input type="checkbox"/> | N <input type="checkbox"/> |                     |

|     |   |                            |                            |  |
|-----|---|----------------------------|----------------------------|--|
| 5   | 5. Contribution to external databases and reports                                       |                            |                            |  |
|     | Does the facility contribute to HMIS?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
|     | Please specify other external databases to which the facility contributes (not scored): |                            |                            |  |
| 10  | <b>D. Equipment Management</b>  |                            |                            |  |
| 5   | 1. Preventative maintenance plan for equipment  |                            |                            |  |
|     | Is there a service contract for maintenance?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
|     | Is there a written schedule (including next service date) for maintaining equipment?    | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
| 5   | 2. Calibration and validation   |                            |                            |  |
|     | Is there a written calibration schedule available at the area where equipment is used?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
|     | Is there a document showing regular calibration?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
|     | Are contracts available at the facility administration?                                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
| 100 | <b>TOTAL</b>  |                            |                            |  |

| Score | SECTION 4: INFECTION PREVENTION AND CONTROL   |  |                                       | Comments                                   |
|-------|---|--|---------------------------------------|--|
| 80    | <b>A. General</b>   |  |                                       |  |
| 20    | 1. Hygiene protocol   |  |                                       |  |
|       | Does the facility have a hygiene protocol?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Does the hygiene protocol have a dedicated staff roster?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
| 30    | 2. Solid waste management   |  |                                       |  |
|       | Is there a standard operating procedure for waste management?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Is there an incinerator or contracted waste management company?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Does the facility have a waste holding area?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
| 20    | 3. General facility cleanliness   |  |                                       |  |
|       | 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? |  |                                       |  |
|       | <input type="checkbox"/> Very dissatisfactory   | <input type="checkbox"/> Dissatisfactory | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Very satisfactory |
|       | Is the paint work acceptable?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Is the floor smooth?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Is the ceiling free of cobwebs and dust?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
| 10    | 4. General compound cleanliness   |  |                                       |  |
|       | Is the grass well maintained?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Are the bushes neatly kept?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Is the site free of odor?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
| 20    | <b>B. Sterilization Services</b>  |  |                                       |  |
| 20    | 1. Central Supply Unit  |  |                                       |  |
|       | Is there a separate area for cleaning with decontamination and sterilization processes?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Are standard operating procedures available for sterilization?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Is there storage available for sterile supplies?  | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
|       | Are sterile supplies labeled and stored in a designated area?   | Y <input type="checkbox"/>               | N <input type="checkbox"/>            |  |
| 100   | <b>TOTAL</b>  |  |                                       |  |

| Score      | SECTION 5: MEDICAL AND DENTAL CONSULTATION SERVICES  |                            |                            | Comments |
|------------|--|----------------------------|----------------------------|----------|
| <b>80</b>  | <b>A. General</b>  |                            |                            |          |
| 20         | <b>1. Triage</b>   |                            |                            |          |
|            | Does the facility have a triage area with a qualified nurse(s)?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is it located at the first point of contact with patients?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is there a standard operating procedure for triage?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is there a system for coding patients?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 20         | <b>2. Examination room</b>   |                            |                            |          |
|            | Does the examination room have a coach and a mackintosh?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Does the room have a consultation table with at least two chairs?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Does the room have a pedal bin and stepper?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 20         | <b>3. Examination equipment</b>  |                            |                            |          |
|            | Is a thermometer available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is a stethoscope available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is a tongue depressor available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is a weighing scale available/accessible?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is a blood pressure (BP) machine available/accessible?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is a torch available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is a privacy screen available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is a diagnostic set available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is a lamp available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 20         | <b>4. Emergency tray and equipment</b>   |                            |                            |          |
|            | Does the facility have an emergency tray available at designated sites?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is there a checklist for regular review and updates to the emergency tray?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Confirm that the emergency tray has the following essential drugs:   |                            |                            |          |
|            | <input type="checkbox"/> Glucose <input type="checkbox"/> Adrenaline <input type="checkbox"/> Sodium bicarbonate <input type="checkbox"/> Diazepam <input type="checkbox"/> Phenobarbitone |                            |                            |          |
|            | Confirm that the emergency tray has the following emergency equipment available:   |                            |                            |          |
|            | <input type="checkbox"/> Ambu bag and mask available in pediatric and adult sizes <input type="checkbox"/> Adjustable bed  |                            |                            |          |
|            | <input type="checkbox"/> Functional suction machine <input type="checkbox"/> Oxygen cylinder and flowmeter, or piped oxygen <input type="checkbox"/> Endotracheal tubes                    |                            |                            |          |
| <b>20</b>  | <b>B. Infection prevention and control</b>   |                            |                            |          |
|            | <b>1. Hygiene protocol</b>   |                            |                            |          |
|            | Is there a hygiene protocol with a dedicated staff roster available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | <b>2. Hand washing</b>   |                            |                            |          |
|            | Is a sink present with running water from a tap or modified storage container?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Is soap available at the hand washing area?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | <b>3. Solid waste management</b>   |                            |                            |          |
|            | Are there at least two color-coded bins (Red, black and/or yellow)?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Are there coded lining bags that match the color of the bins?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Are there standard operating procedures for waste management?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | <b>4. Use of disinfectants</b>   |                            |                            |          |
|            | Is there evidence of disinfectant use?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Are you able to observe disinfectant containers used for cleaning?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | <b>5. Protective equipment</b>   |                            |                            |          |
|            | Are gloves available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Are gowns or dust coats available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Are face masks available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|            | Are safety boots available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <b>100</b> | <b>TOTAL</b>   |                            |                            |          |

| Score | SECTION 6: LABOUR WARD   |                            |                            | Comments |
|-------|--|----------------------------|----------------------------|----------|
| 80    | <b>A. General</b>  |                            |                            |          |
| 10    | <b>1. Labour ward</b>  |                            |                            |          |
|       | Is there privacy in the ward (privacy during delivery)?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is a delivery bed available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is a sterile delivery set available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is a vacuum extractor available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is a suction machine available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is an ambu bag and mask available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is a cord ligature available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is there sufficient lighting?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Are maintenance plans available for all equipment?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | <b>2. Labour room floor</b>  |                            |                            |          |
|       | Is the floor appropriately covered (e.g. ceramic tiles or terrazzo)?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is there a drainage system?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is there a cleaning chart?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | <b>3. Oxygen source</b>  |                            |                            |          |
|       | Does the labour ward have oxygen cylinder or piped oxygen connection?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Are there standard operating procedures?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is there a maintenance plan?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | <b>4. Procedures for obstetrics emergency</b>  |                            |                            |          |
|       | Are there procedures available for handling obstructed labour, foetal distress, eclampsia and APH/PPH/HELLP? | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is a functional resuscitative available with oxygen, suction machine and ambu bags?                          | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | <b>5. Access to theatre</b>  |                            |                            |          |
|       | Is an ambulance (or contact details) available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is a fully equipped theatre near the labour ward?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | <b>6. Procedure for monitoring labour</b>  |                            |                            |          |
|       | Is a partograph available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Confirm partographs have the following information:  |                            |                            |          |
|       | Is contraction properly charted?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is cervical dilation recorded?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is color coding done?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is TPR/BP recorded?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is urine output/input charted?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Are drugs coded?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | <b>7. New born unit</b>  |                            |                            |          |
|       | Is a functional incubator available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Does it have a temperature regulator?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Does it have an oxygen connection?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Are maintenance plans available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is there a sitting area for nursing mothers?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | <b>8. Sluice room</b>  |                            |                            |          |
|       | Is a sluice room with a sluicing sink available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Does the sluice room have running water?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Does it have a decontamination bucket?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Are standard operating procedures available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 20    | <b>B. Infection prevention and control</b>   |                            |                            |          |
|       | <b>1. Hygiene protocol</b>   |                            |                            |          |
|       | Is there a hygiene protocol with a dedicated staff roster available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | <b>2. Hand washing</b>   |                            |                            |          |
|       | Is a sink present with running water from a tap or modified storage container?                               | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is soap available at the handwashing area?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |

|            |   |                            |                            |
|------------|---|----------------------------|----------------------------|
|            | <b>3. Solid waste management</b>                                    |                            |                            |
|            | Are there at least two color-coded bins (Red, black and/or yellow)? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are there coded lining bags that match the color of the bins?       | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are there standard operating procedures for waste management?       | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | <b>4. Use of disinfectants</b>                                      |                            |                            |
|            | Is there evidence of disinfectant use?                              | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are you able to observe disinfectant containers used for cleaning?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | <b>5. Protective equipment</b>                                      |                            |                            |
|            | Are gloves available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are gowns or dust coats available?                                  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are face masks available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are safety boots available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <b>100</b> | <b>TOTAL</b>  |                            |                            |

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

| Score     | SECTION 8: THEATRE  |                            |                            | Comments |
|-----------|---|----------------------------|----------------------------|----------|
| <b>80</b> | <b>A. General</b>   |                            |                            |          |
| 10        | 1. Receiving area   |                            |                            |          |
|           | Does the receiving area have a barrier?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the receiving area have a shoe rack?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the receiving area have a coach?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the receiving area have adequate lighting?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 20        | 2. Changing rooms and scrubbing area  |                            |                            |          |
|           | Does the theatre have male and female changing rooms with barrier?                        | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Do changing rooms have clean clothing?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Do changing rooms have masks?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Do changing rooms have caps?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Do changing rooms have theatre shoes?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Is there a scrubbing area present?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Is there a hands-free tap?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Are there swinging theatre doors?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 30        | 3. Operating area   |                            |                            |          |
|           | Does the operating area have adequate space?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating area have adequate lighting?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating area have adequate cabinets for non-pharms?                            | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating area have adequate sterile gloves?                                     | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating area have a standard operating table?                                  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating area have an adequate functional anaesthetic machine?                  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating area have adequate ambu-bags, both adult and paediatric?               | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating area have adequate monitors?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating area have adequate laryngoscopes?                                      | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating area have adequate endotracheal tubes?                                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating room have a functioning suction machine?                               | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the operating room have adequate back-up oxygen, separate from anaesthetic machines? | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10        | 4. Staff requirements   |                            |                            |          |
|           | Are there at least three nurses (scrub, runner and anaesthetic nurse)?                    | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Are nurses skilled with peri-operative training?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10        | 5. Recovery room  |                            |                            |          |
|           | Does the recovery room have adequate lighting?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the recovery room have a monitor?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the recovery room have a drip stand?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <b>20</b> | <b>B. Infection prevention and control</b>  |                            |                            |          |
|           | 1. Hygiene protocol   |                            |                            |          |
|           | Is there a hygiene protocol with a dedicated staff roster available?                      | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | 2. Hand washing   |                            |                            |          |
|           | Is a sink present with running water from a tap or modified storage container?            | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Is soap available at the hand washing area?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | 3. Solid waste management   |                            |                            |          |
|           | Are there at least two color-coded bins (Red, black and/or yellow)?                       | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Are there coded lining bags that match the color of the bins?                             | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Are there standard operating procedures for waste management?                             | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | 4. Use of disinfectants   |                            |                            |          |
|           | Is there evidence of disinfectant use?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Are you able to observe disinfectant containers used for cleaning?                        | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | 5. Protective equipment   |                            |                            |          |
|           | Are gloves available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |

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

| Score      | SECTION 9: PHARMACY   |  |                                       | Comments                                   |
|------------|---|--|---------------------------------------|--|
| <b>20</b>  | <b>A. General condition of premises</b>   |  |                                       |  |
|            | 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? |  |                                       |  |
|            | <input type="checkbox"/> Very dissatisfactory   | <input type="checkbox"/> Dissatisfactory | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Very satisfactory |
|            | 2. Lighting   |  |                                       |  |
|            | Adequate lighting is at least 10% of the overall size of the room. How well does this facility satisfy this criterion?  |  |                                       |  |
|            | <input type="checkbox"/> Very dissatisfactory   | <input type="checkbox"/> Dissatisfactory | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Very satisfactory |
|            | Does the pharmacy have adequate space for staff movement in the dispensing area?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
| <b>20</b>  | <b>B. Storage and display of commodities</b>  |  |                                       |  |
|            | 1. Does the pharmacy have secure, lockable cupboards for restricted drugs only accessible by authorized persons (e.g. narcotics and psychotropics)?                 |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 2. Are drugs stored and displayed to good standards?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 3. Are there standard operating procedures for the storage of medicines?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
| <b>30</b>  | <b>C. Record keeping and documentation</b>  |  |                                       |  |
|            | 1. Does the pharmacy have a well-explained system for recording prescriptions?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 2. Does the pharmacy have standard operating procedures for disposal of expired drugs?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 3. Is there a daily updated inventory system showing which commodities are available?   |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 4. Is there documentation showing where medicines are procured?   |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 5. Are there systems for documenting and feeding back medication errors?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 6. Are there separate records for narcotic and psychotropic medicines?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
| <b>10</b>  | <b>D. Reference materials and policies</b>  |  |                                       |  |
|            | 1. Does the pharmacy have reference materials for medicines (e.g. drug index)?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 2. Is the staff familiar with these reference materials?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
| <b>20</b>  | <b>E. Infection prevention and control</b>  |  |                                       |  |
|            | 1. Hygiene protocol   |  |                                       |  |
|            | Is there a hygiene protocol with a dedicated staff roster available?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 2. Hand washing   |  |                                       |  |
|            | Is a sink present with running water from a tap or modified storage container?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | Is soap available at the handwashing area?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 3. Solid waste management   |  |                                       |  |
|            | Are there at least two color-coded bins (black and yellow)?   |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | Are there coded lining bags that match the color of the bins?   |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | Are there standard operating procedures for waste management?   |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 4. Use of disinfectants   |  |                                       |  |
|            | Is there evidence of disinfectant use?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | Are you able to observe disinfectant containers used for cleaning?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | 5. Protective equipment   |  |                                       |  |
|            | Are gloves available?   |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | Are gowns or dust coats available?  |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | Are face masks available?   |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
|            | Are safety boots available?   |  | Y <input type="checkbox"/>            | N <input type="checkbox"/>                 |
| <b>100</b> | <b>TOTAL</b>  |  |                                       |  |

| Score | SECTION 10: LABORATORY   |                            |                            | Comments |
|-------|--|----------------------------|----------------------------|----------|
| 20    | <b>A. Policies, guidelines and SOPs</b>  |                            |                            |          |
| -     | 1. Laboratory license class: _____   |                            |                            |          |
| 5     | 2. Reporting procedures  |                            |                            |          |
|       | Does the laboratory have SOPs and guidelines for reporting lab procedures according to license class?                    | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Are the SOPs and guidelines for reporting lab procedures displayed?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5     | 3. Handling, labeling and storage of specimen  |                            |                            |          |
|       | Does the laboratory have SOPs and guidelines for handling, labeling and storage of specimens?                            | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Are the SOPs and guidelines for handling, labeling and storage of specimens displayed?                                   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5     | 4. Disposal of specimens   |                            |                            |          |
|       | Does the laboratory have SOPs and guidelines for disposal of specimens?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Are the SOPs and guidelines for disposal of specimens displayed?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5     | 5. Standard quality operational manual   |                            |                            |          |
|       | Does the laboratory have standard quality operational manual (SOP of SOPs) available?                                    | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 30    | <b>B. Equipment management program</b>   |                            |                            |          |
| 10    | 1. Calibration and validation of equipment   |                            |                            |          |
|       | Does the lab have a system for regular calibration/validation of equipment available?                                    | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is the system for calibration/validation of equipment placed close to respective equipment?                              | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | 2. Equipment maintenance documentation   |                            |                            |          |
|       | Does the laboratory have a systematic, well-documented equipment maintenance schedule?                                   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Are service contracts available for all lab equipment?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5     | 3. System for procurement of equipment   |                            |                            |          |
|       | Does lab have a system for equipment procurement that is known by staff (one other staff to explain to inspection team)? | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5     | 4. Inventory of equipment  |                            |                            |          |
|       | Does the laboratory have a list of all equipment in use?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Does the laboratory have a functional inventory management system?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | <b>C. Record keeping and documentation</b>   |                            |                            |          |
|       | Does lab have a records system integrated in the facility record system, i.e. Lab Information Management System (LMIS)?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 20    | <b>D. Quality control of tests</b>   |                            |                            |          |
| 10    | 1. Quality control practices   |                            |                            |          |
|       | Are equipment registered, validated and calibrated?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is there documentation of quality control of tests?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is there a documented system for regular review and improvement of laboratory tests?                                     | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is there documentation of sample archiving, retrieval and disposal?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is Internal Quality Control (IQC) done regularly?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | Is the laboratory enrolled in External Quality Assurance?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10    | 2. Procurement and storage of reagents   |                            |                            |          |
|       | Does the laboratory have a functional temperature recording system in place?   | 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?             | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 20    | <b>E. Infection prevention and control</b>   |                            |                            |          |
|       | 1. Hygiene protocol  |                            |                            |          |
|       | Is there a hygiene protocol with a dedicated staff roster available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|       | 2. Hand washing  |                            |                            |          |

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

| Score     | SECTION 11: RADIOLOGY   |                            |                            | Comments |
|-----------|---|----------------------------|----------------------------|----------|
| <b>35</b> | <b>A. Radiation protection</b>  |                            |                            |          |
| 10        | 1. Personal radiation dose monitoring   |                            |                            |          |
|           | Are personal radiation dose monitoring badges worn daily and evaluated monthly by the Radiation Protection Board?                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5         | 1. Radiation safety service provider  |                            |                            |          |
|           | Does the facility have records confirming that there is a radiation safety service provider for monitoring?                       | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5         | 2. Adequate number of lead aprons   |                            |                            |          |
|           | Is there an adequate number of lead aprons, i.e. a minimum of three: one each for the patient, patient-guardian and radiographer? | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5         | 3. Radiological examination in pregnancy  |                            |                            |          |
|           | Is a code of practice for pregnant women available and producible?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10        | 4. Quality assurance of image processing  |                            |                            |          |
|           | Is there evidence of quality assurance of the image processing system (it may be digital, automatic or manual)?                   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <b>25</b> | <b>B. Policies, SOPs and registers</b>  |                            |                            |          |
| 5         | 1. Policies, SOPs and code of practice  |                            |                            |          |
|           | Are standard operating procedures available for radiology and imaging services?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Is there evidence that they have been reviewed in the past year and reviewed annually?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Is a code of practice displayed next to the respective device?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5         | 2. Reporting, testing and calibration   |                            |                            |          |
|           | Is reporting, testing and calibrating up to date and displayed?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5         | 3. Register of eradiating activities  |                            |                            |          |
|           | Is there a register of eradiating activities and a monthly dose report for workers?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 10        | 4. Quality assurance program  |                            |                            |          |
|           | Is there a quality assurance program?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Does the quality assurance program include safety of the patient, worker, environment, security and film storage?                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Is there a designated or appointed quality assurance staff member in the facility?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Is there updated annual documentation for quality assurance procedures?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <b>20</b> | <b>C. Radioactive waste management</b>  |                            |                            |          |
| 10        | 1. Personal safety measures   |                            |                            |          |
|           | Does the facility produce radioactive waste?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Are patient and staff safety measures implemented alongside routine waste management tasks?                                       | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5         | 2. Radioactive waste management programs in place   |                            |                            |          |
|           | Is there designated staff in charge of radioactive waste management?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Are there records showing that radioactive waste management systems are in place?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| 5         | 3. Designated staff for radioactive waste management programs   |                            |                            |          |
|           | Does the facility have designated personnel to oversee radioactive waste management programs?                                     | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
| <b>20</b> | <b>D. Infection prevention and control</b>  |                            |                            |          |
|           | 1. Hygiene protocol   |                            |                            |          |
|           | Is there a hygiene protocol with a dedicated staff roster available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | 2. Hand washing   |                            |                            |          |
|           | Is a sink present with running water from a tap or modified storage container?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | Is soap available at the handwashing area?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |          |
|           | 3. Use of disinfectants   |                            |                            |          |

|            |  |                            |                            |  |
|------------|--|----------------------------|----------------------------|--|
|            | Is there evidence of disinfectant use?                             | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
|            | Are you able to observe disinfectant containers used for cleaning? | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
|            | <b>4. Protective equipment</b>                                     |                            |                            |  |
|            | Are gloves available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
|            | Are gowns or dust coats available?                                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
|            | Are face masks available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
|            | Are safety boots available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |  |
| <b>100</b> | <b>TOTAL</b>   |                            |                            |  |

| Score     | SECTION 12: NUTRITION AND DIETETICS SERVICE UNIT   | Applicable <input type="checkbox"/> |                            | Not applicable <input type="checkbox"/> |
|-----------|--|-------------------------------------|----------------------------|---|
| <b>17</b> | <b>A. Nutrition equipment, Tools and Supplies</b>  |                                     |                            | <b>Comments</b>                         |
| 7         | 1. Nutrition equipment and tools   |                                     |                            |   |
|           | Is a functional calibrated weighing scale available?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is a stadiometer available?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are Mid-Upper Arm Circumference (MUAC) tapes available?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is a waist circumference tape available?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is a functional blood pressure machine available?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is a functional glucometer available?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are reference charts available?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| 10        | 2. Food supplies, formulations and Nutrition supplements   |                                     |                            |   |
|           | Is food store available with evidence of regular stock replenishment   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are 'Ready to Use Therapeutic Foods' (RUTF) available and accessible?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are 'Ready to Use Supplementary Foods' (RUSF) available and accessible?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are the F75 and F100 diet milks available and adequate for clients?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are food fortifiers available and acceptable?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are nutrition formulations for specialized nutrition support available and accessible when needed?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are Vitamin A Supplements available for children and expectant mothers?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are iron supplements available in the acceptable form?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are folate supplements available in the acceptable form?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is zinc supplement available?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| <b>16</b> | <b>B. SOPs for nutrition care processes and other services</b>   |                                     |                            |   |
|           | Are there SOPs for comprehensive nutritional assessment?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are there adequate guidelines for nutritional diagnosis?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are there guidelines for choice of appropriate nutrition care intervention?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are there adequate guidelines for monitoring patient care?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are there adequate SOPs for food formulations?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are there adequate SOPs for food supplementation?  |                                     |                            |   |
|           | Are SOPs reviewed and regularly updated (within a 5-year framework)?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are staff familiar with the SOPs and guidelines?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| <b>10</b> | <b>C. Record keeping and documentation</b>   |                                     |                            |   |
|           | Is the system for record keeping linked to the facility information management system?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is there a designated person aware of the documentation processes?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is there security for the information in the system?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is there a documented plan for regular updating?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| <b>20</b> | <b>D. Patient feeding</b>  |                                     |                            |   |
| 16        | 1. Inpatient feeding   |                                     |                            |   |
|           | Is there an inpatient feeding committee?   | 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)? | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is there a comprehensive protocol for inpatient feeding?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is there a food inspection committee with at least one licensed nutritionist?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is there a communication link between patients in the ward and the food preparation unit?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are there food modification schemes for groups with special needs?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is there an option for patients to choose from available sources of foods?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| 4         | 2. Maternity feeding   |                                     |                            |   |
|           | Are postpartum mothers fed on an appropriately tailored diet?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is breastfeeding initiated within one hour after delivery?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| <b>17</b> | <b>E. Food Preparation Unit</b>  |                                     |                            |   |

|            |   |                            |                            |
|------------|---|----------------------------|----------------------------|
| 6          | <b>1. Kitchen equipment and fuel</b>  |                            |                            |
|            | Is a functional blender available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Is a functional mincer available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Is a functional food weighing scale available and regularly calibrated?                       | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are measuring jars available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are food trolleys available?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are reliable sources of fuel available?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 5          | <b>2. Food Preparation Unit layout</b>  |                            |                            |
|            | Is the layout and physical structure of the kitchen adequate?                                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Is a diet therapy kitchen available and separated from normal food kitchen?                   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Is a mini store available in the kitchen for food from the main store?                        | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Does the paediatric ward have room to prepare special food?                                   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Is there adequate space for storage of food commodities?                                      | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| 6          | <b>3. Kitchen personnel</b>   |                            |                            |
|            | Are kitchen personnel qualified caterers and trained cooks?                                   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Is the supervisor qualified and licensed by the Nutritionist and Dieticians Institute (KNDI)? | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <b>20</b>  | <b>F. Infection prevention and control</b>  |                            |                            |
|            | <b>1. Hygiene protocol</b>  |                            |                            |
|            | Is there a hygiene protocol with a dedicated staff roster available?                          | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | <b>2. Hand washing</b>  |                            |                            |
|            | Is a sink present with running water from a tap or modified storage container?                | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Is soap available at the hand washing area?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | <b>3. Solid waste management</b>  |                            |                            |
|            | Are there at least two color-coded bins (black and yellow)?                                   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are there coded lining bags that match the color of the bins?                                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are there standard operating procedures for waste management?                                 | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | <b>4. Use of disinfectants</b>  |                            |                            |
|            | Is there evidence of disinfectant use?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are you able to observe disinfectant containers used for cleaning?                            | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | <b>5. Protective equipment</b>  |                            |                            |
|            | Are gloves available and accessible?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are gowns or dust coats available and accessible?   | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are face masks available and accessible?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
|            | Are safety boots available and accessible?  | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <b>100</b> | <b>TOTAL</b>  |                            |                            |

| Score     | SECTION 13: MORTUARY  | Applicable <input type="checkbox"/> |                            | Not applicable <input type="checkbox"/> |
|-----------|---|-------------------------------------|----------------------------|---|
| <b>20</b> | <b>A. SOPs for body processing</b>  |                                     |                            | <b>Comments</b>                         |
|           | 1. Are there standard operating procedures for receiving bodies?                            | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | 2. Are there standard operating procedures for identifying bodies?                          | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | 3. Are there standard operating procedures for storage of bodies?                           | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | 4. Are there standard operating procedures for release of bodies, including solid disposal? | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | 5. Are there standard operating procedures for disposal of bodies and body parts?           | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| <b>40</b> | <b>B. Equipment, materials and utilities</b>  |                                     |                            |   |
| 10        | 1. Water and toilets  |                                     |                            |   |
|           | Does the mortuary have clean, running water from a tap or container?                        | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Does the mortuary have access to clean toilet facilities?                                   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is a cleaning roster displayed at the toilet facilities?                                    | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| 20        | 2. Coolers and embalming mechanisms   |                                     |                            |   |
|           | Is the system for preservation of bodies functional (e.g. coolers or formalin technology)?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| 10        | 3. Mortuary equipment   |                                     |                            |   |
|           | Is there a body trolley available?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is there a dissecting kit available?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| <b>20</b> | <b>C. Mortuary environment and security</b>   |                                     |                            |   |
| 10        | 1. Internal mortuary environment  |                                     |                            |   |
|           | Does the mortuary have a working drainage system?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is the odor from the mortuary reaching patient areas and the public?                        | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| 10        | 2. Mortuary location and security   |                                     |                            |   |
|           | Is the mortuary accessible by vehicle for the public?                                       | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are there adequate security measures (e.g. locking mechanism, guards)?                      | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
| <b>20</b> | <b>D. Infection prevention and control</b>  |                                     |                            |   |
|           | 1. Hygiene protocol   |                                     |                            |   |
|           | Is there a hygiene protocol with a dedicated staff roster available?                        | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | 2. Hand washing   |                                     |                            |   |
|           | Is a sink present with running water from a tap or modified storage container?              | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Is soap available at the handwashing area?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | 3. Solid waste management   |                                     |                            |   |
|           | Are there at least two color-coded bins (Red, black and/or yellow)?                         | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are there coded lining bags that match the color of the bins?                               | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are there standard operating procedures for waste management?                               | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | 4. Use of disinfectants   |                                     |                            |   |
|           | Is there evidence of disinfectant use?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are you able to observe disinfectant containers used for cleaning?                          | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | 5. Protective equipment   |                                     |                            |   |
|           | Are gloves available?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are gowns or dust coats available?  | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are face masks available?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | Are safety boots available?   | Y <input type="checkbox"/>          | N <input type="checkbox"/> |   |
|           | <b>TOTAL</b>  |                                     |                            |   |

**SECTION 14: FINDINGS AND RECOMMENDATIONS**

**A. Registered owner of the facility**

|               |              |
|---------------|--------------|
| Name:         | Designation: |
| Phone number: | Email:       |
| Date:         | Signature:   |

**B. Inspections team**

| Name | Health Regulatory Authority | Designation | Signature |
|------|-----------------------------|-------------|-----------|
|      |                             |             |           |
|      |                             |             |           |
|      |                             |             |           |
|      |                             |             |           |
|      |                             |             |           |
|      |                             |             |           |
|      |                             |             |           |
|      |                             |             |           |
|      |                             |             |           |

**C. Findings and recommendations**

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**

| Facility score                               | Risk category      | Compliance category     | Warning/sanction/reward   |
|--|--------------------|-------------------------|---|
| 0-10%<br>*(and/or<br>absence of<br>licenses) | Very High Risk     | Non-Compliant           | Close facility.<br>Recommend prosecution for cases where requisite registration and licensing is absent (as specified by the respective legislation)  |
| 11-40%                                       | High Risk          | Minimally compliant     | 3 months notice for correction + re-inspection<br>Can ask for re-inspection for purposes of re-categorization after corrections   |
| 41-60%                                       | Imminent High Risk | Partially Compliant     | 6 months notice + re-inspection<br>HF will be re-classified as High Risk if non-compliant<br>HF ask for re-inspection for purposes of re-categorization after corrections   |
| 61-75%                                       | Medium risk        | Substantially Compliant | 12 months notice+ re-inspection<br>HF will be re-classified as Imminent High Risk if non-compliant<br>HF ask for re-inspection for purposes of re-categorization after corrections if improvement occurs before 12 months |
| >75%   | Low Risk           | Fully Compliant         | Insurance recommendation<br>No re-inspection for two years<br>Other incentives will also be considered (if such mechanisms exist), including client signaling (quality mark and/or SMS feedback mechanism)                |