

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**

SECTION 1: ADMINISTRATIVE INFORMATION			
A. Facility Registration and Location Information			
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. Facility Level and Details			
1. Facility ownership	<input type="checkbox"/> Government/Public entity <input type="checkbox"/> Private non-profit <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) <input type="checkbox"/> Combined medical facility (outpatient and inpatient) <input type="checkbox"/> Medical clinic (stand-alone) <input type="checkbox"/> Dental clinic (stand-alone) <input type="checkbox"/> Laboratory/diagnostic facility <input type="checkbox"/> Pharmacy <input type="checkbox"/> Radiology <input type="checkbox"/> Nutrition <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)			
C. Proprietor Information (Write 'Not Applicable (NA)' where relevant)			
1. Details			
Proprietor name:		Expiry date of license certificate number:	
License certificate number:		Indemnity cover number (if available):	
D. Health Professionals Information			
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	A. Building				
15	1. Signage				
	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	2. Ventilation				
	Adequate ventilation is defined as at least 5% of the overall wall size of the room, or artificial ventilation. Check across different sections of the facility and score according to the overall performance.				
	<input type="checkbox"/> Very dissatisfactory	<input type="checkbox"/> Dissatisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Very satisfactory	
10	3. Lighting				
	Adequate lighting is at least 10% of the overall size of the room. How well does this facility satisfy this criterion? Check across different sections of the facility and score according to the overall performance.				
	<input type="checkbox"/> Very dissatisfactory	<input type="checkbox"/> Dissatisfactory	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Very satisfactory	
35	B. Utilities				
15	1. Water				
	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	2. Electricity				
	Is there a stable source of power?	Y <input type="checkbox"/>	N <input type="checkbox"/>		
10	3. Toilet facilities				
	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	C. Security				
10	1. Lockable door				
	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	2. Fire control mechanism				
	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	3. Fire assembly point				
	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	4. Security				
	Is there a security system present (e.g. security guard, alarm system)?	Y <input type="checkbox"/>	N <input type="checkbox"/>		
100	TOTAL				

Score	SECTION 3: GENERAL MANAGEMENT AND RECORDING OF INFORMATION				
40	A. General Management				
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. Quality Management				
-	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	Y <input type="checkbox"/>
	Immunization	Y <input type="checkbox"/>	N <input type="checkbox"/>	Notifiable diseases	Y <input type="checkbox"/>
	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	C. Medical Records and Information Systems				
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	D. Equipment Management			
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	TOTAL			

Score	SECTION 4: INFECTION PREVENTION AND CONTROL				Comments
80	A. General				
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. Sterilization Services				
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	TOTAL				

Score	SECTION 5: MEDICAL AND DENTAL CONSULTATION SERVICES			Comments
80	A. General			
20	1. Triage			
	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	2. Examination room			
	Does the examination room have a couch 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	3. Examination equipment			
	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	4. Emergency tray and equipment			
	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			
20	B. Infection prevention and control			
	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"/>	
100	TOTAL			

Score	SECTION 6: LABOUR WARD			Comments
80	A. General			
10	1. Labour ward			
	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	2. Labour room floor			
	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	3. Oxygen source			
	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	4. Procedures for obstetrics emergency			
	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	5. Access to theatre			
	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	6. Procedure for monitoring labour			
	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	7. New born unit			
	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	8. Sluice room			
	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. Infection prevention and control			
	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"/>	
100	TOTAL			

Score	SECTION 7: MEDICAL AND PEDIATRIC WARDS			Comments
80	A. General			
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"/>	
20	B. Infection prevention and control			
	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"/>	
100	TOTAL			

Score	SECTION 8: THEATRE			Comments
80	A. General			
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"/>	
20	B. Infection prevention and control			
	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"/>	
100	TOTAL			

Score	SECTION 9: PHARMACY				Comments
20	A. General condition of premises				
	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"/>	
20	B. Storage and display of commodities				
	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"/>	
30	C. Record keeping and documentation				
	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"/>	
10	D. Reference materials and policies				
	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"/>	
20	E. Infection prevention and control				
	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"/>	
100	TOTAL				

Score	SECTION 10: LABORATORY			Comments
20	A. Policies, guidelines and SOPs			
-	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. Equipment management program			
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	C. Record keeping and documentation			
	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	D. Quality control of tests			
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	E. Infection prevention and control			
	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"/>	
100	TOTAL			

Score	SECTION 11: RADIOLOGY			Comments
35	A. Radiation protection			
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"/>	
25	B. Policies, SOPs and registers			
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"/>	
20	C. Radioactive waste management			
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"/>	
20	D. Infection prevention and control			
	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"/>	
	4. 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"/>	
100	TOTAL			

Score	SECTION 12: NUTRITION AND DIETETICS SERVICE UNIT	Applicable <input type="checkbox"/>		Not applicable <input type="checkbox"/>
17	A. Nutrition equipment, Tools and Supplies			Comments
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"/>	
16	B. SOPs for nutrition care processes and other services			
	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"/>	
10	C. Record keeping and documentation			
	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"/>	
20	D. Patient feeding			
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"/>	
17	E. Food Preparation Unit			

6	1. Kitchen equipment and fuel		
	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	2. Food Preparation Unit layout		
	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	3. Kitchen personnel		
	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"/>
20	F. Infection prevention and control		
	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 (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 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"/>
100	TOTAL		

Score	SECTION 13: MORTUARY	Applicable <input type="checkbox"/>		Not applicable <input type="checkbox"/>
20	A. SOPs for body processing			Comments
	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"/>	
40	B. Equipment, materials and utilities			
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"/>	
20	C. Mortuary environment and security			
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"/>	
20	D. Infection prevention and control			
	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"/>	
	TOTAL			

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% *(and/or absence of licenses)	Very High Risk	Non-Compliant	Close facility. 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 Can ask for re-inspection for purposes of re-categorization after corrections
41-60%	Imminent High Risk	Partially Compliant	6 months notice + re-inspection HF will be re-classified as High Risk if non-compliant HF ask for re-inspection for purposes of re-categorization after corrections
61-75%	Medium risk	Substantially Compliant	12 months notice+ re-inspection HF will be re-classified as Imminent High Risk if non-compliant 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 No re-inspection for two years Other incentives will also be considered (if such mechanisms exist), including client signaling (quality mark and/or SMS feedback mechanism)