

Health Observation Checklist

Observer Information

- **Observer Name:**
- **Date of Observation:**
- **Location:**
- **Time:**
- **Role (e.g., Nurse, Health Inspector):**

Observation Criteria

Health Criteria	Yes	No	N/A	Comments/Notes
Hygiene practices followed				
Handwashing facilities available				
Proper disposal of waste				
Use of personal protective equipment				
Regular cleaning and sanitizing				
Food safety measures in place				
Availability of health supplies				
Observation of health protocols				

Presence of emergency medical supplies				
Clear signage for health information				

Overall Health Rating

Provide an overall rating based on observed health and hygiene standards:

- **Rating Scale (e.g., 1–5):**
 - **1** - Needs Urgent Improvement
 - **2** - Below Standard
 - **3** - Acceptable
 - **4** - Good
 - **5** - Excellent
- **Overall Rating:**

Comments and Recommendations

Include observations and suggested actions for improved health practices.