### horizontal line**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.