# Checklist for Health Unit Inspection

## 1. Identification particulars

1. Name of Health Unit: ________________________________
2. Postal Address: __________________________________________________
3. Town:  ________________________________  4. Plot No: ________________________________
7. Type of Health Unit
   - 1= Day care Health Unit only
   - 2= In-Patient Health unit only
   - 3= Both in-patient and out-patient

8a) Is the Health Unit Under?
   - 1= Private
   - 2= Public
   - 3= Religious Foundations
   - 4= NGOs

9a) If Day Care Centre, then which of the following:
   - 1= Hospital
   - 2= Medical Clinic
   - 3= Dental Clinic
   - 4= Nursing Home
   - 5= Maternity Home

9b) If in-patient Centre
   - 1= 1 to 10 beds
   - 2= 11 to 20 beds
   - 3= 21 to 50 beds
   - 4= 51 to 100 beds
   - 5= Over 100 beds

   Actual Bed Capacity: ________________________________ beds

10a) Owner’s Name (owner/responsible authority/organization) __________________________________________________
    a) Owner Telephone: ________________________________
    b) Owner Email: _______________________________________

11a) Supervising Doctor: ________________________________
    a) Supervisor Telephone: ________________________________
    b) Supervisor Email: ____________________________________
12) Category of Ownership/ Professional Status

1= Central Government  
2= Local government  
3= UCMB  
4= UPMB  
5= UMMB/UMSC  
6= Other NGO name.........  
7= General Practitioner doctor  
8= Specialist doctor  
9= Clinical Officer mainly  
10= Midwife mainly  
11= Nurse mainly  
12= Other Allied Health Professional  
13= Parastatal /Industry/Company  
14= Training Institution/School  
15= Other name........................

13) Available Support Services

1= X-Ray/scan  
2= Radiotherapy  
3= Dental Care  
4= Family Planning  
5= Ultrasonic scan  
6= CT Scan  
7= Immunization  
8= Ambulance Services  
9= Laboratory diagnosis  
10= Physiotherapy  
11= Orthopedics  
12= Family Planning unit  

II Buildings

14) Appearance

1= Clean, tidy and attractive (recommended)  
2= Clean but untidy or dirty in some parts  
3= Dirty untidy not attractive at all  

15) Has the unit got an approved physical plan and architecture drawing? Yes/No

16) Construction of building(s)

1= Permanent (recommended)  
2= Semi permanent (recommended)  
3= Some permanent/semi-permanent (recommended)  

17) Space

1= Ample allows easy movement (recommended)  
2= Inadequate  

18) Floor

1= Cemented, smooth and clean (recommended)  
2= Cemented but ragged or dirty  
3= Not cemented/dirty
19) Walls
1= All plastered and painted bright (recommended)
2= Only some plastered/painted bright
3= All not plastered/not painted bright

20) Roof (All alternatives below are recommended)
1= All permanent with ceiling
2= All semi-permanent with ceiling
3= Some permanent/with ceiling
4= All semi/permanent with no ceiling

21) Ventilation (vents + Windows)
1= Generally adequate, equal to more than 10% of floor area (recommended)
2= Generally less than 10% of floor area (recommend areas for improvement)

22) Lighting
General lighting situation in reception, examination, treatment, laboratory, theatre, resting wards. Delivery room/labour room etc (Alternatives 1-3 recommended).
1= Generally all bright natural light mainly
2= Generally all bright electricity light mainly
3= Generally all bright natural light + electricity light
4= Dim natural light/electricity/steamer (not recommended)
   Name places that are poorly lit ..............................................................

III Privacy

23) Privacy in Examination room, treatment room, theatre, laboratory, counseling room (Alternatives 1 & 2 Recommended)
1= Adequate with doors & window shutters, curtains & screens
2= Fair has no screens or curtains but has door & window shutters
3= Inadequate has no doors or window shutters, no curtains, no screens/
   Patient – door dialogue is audible to other patients and people (Not recommended)

N.B. If inadequate or terrible name areas that lack privacy .................................................................
..................................................................................................................................................

IV Room Requirements
Number of rooms each 9M² ................................................. room(s)

25) Number of rooms each less than 9M² .............................................. rooms(s)
Number of wards .............................................................................
Room assignment
There is a room for each of the following services: Reception, Examination, Treatment, Laboratory etc
1= Yes (recommended)
2= No some share
   Name those services that share room .................................................................

V Infection Control
28) Water hand washing facilities in examination/consultation room, treatment rooms, delivery rooms/ labour ward, laboratory theatre.
   1= Available (recommended)
   2= Not available at all
   3= Not available in some places, name them ............................................................
29) Hand washing facilities that are generally lacking in all or some places
   1= Water
   2= Soap
   3= Hand towels
30) Water delivery system that is available
   1= Tap/can water (recommended)
   2= Mug + basin
   3= None available
31) Functional pit latrine/toilet
   1= Available and clean (recommended)
   2= Available but dirty
   3= None available at all
32) Availability of water for hand-washing in toilet
   1= Yes available (recommended)
   2= None available
33) Cleanliness of micro-environment (compound)
   1= Tidy and clean (recommended)
   2= Untidy/dirty
34) Facilities for disposal of non medical waste (waste bins)
   1= Appropriate waste bins available (recommended)
   2= Appropriate waste bins not available
   3= Shared waste bin for medical and non-medical wastes.
   4= None available
35a) Availability of appropriate bins for disposal of medical wastes in examination room, theatre room, laboratory, labour room, wards.
   1= Yes available (recommended)
   2= Not available in the following places ............................................................................................

35b) Final disposal of medical wastes
   1= Open burning/inclination + deep pit (recommended)
   2= Ordinary pit (recommended)
   3= Pit latrine (not recommended)
   4= Burying (not recommended)
   5= Urban garbage waste skip (Not recommended)
   6= Combination of ...................................................................................................................................
   7= None or not sure

36) Incase of in-patient facility. There is a functional mortuary:
   1= Yes
   2= No
   3= Not applicable for Day Care Centres

37) Availability of sufficient disinfectant (savlon, Jik, Habitan, Spirit)
   1= Yes available in adequate amounts (recommended)
   2= None available
   3= Available in Inadequate amounts

38) Availability of protective clothing for staff (uniforms, jackets, aprons)
   1= Yes staff have uniforms and aprons available (recommended)
   2= Staff have only uniforms
   3= Staff have only aprons
   4= Uniforms & aprons not available at all (not recommended)

39) Availability of gloves in sufficient quantity
   1= Yes re-usable and non-reused
      Disposable available & not re-used (recommended)
   2= Yes disposable available but re-used (not recommended)
3= None available/insufficient quantity 9not recommended

40) Sterilization techniques
1= Good (principles and appropriate skill) (recommended)
2= Poor (principles and / or inappropriate skills) (not recommended)
3= Not recommended

41) Availability of basic sterilization equipment
1= Autoclave + electric pressure sterilizer and adequate saucepan (recommended)
2= Stove + adequate saucepan or pressure cooker only (recommended)
3= Stove + inadequate saucepan (not recommended)
4= Does not sterilize instruments at all/ No equipment (not recommended)

Professional Equipment

42) Availability of basic diagnostic equipments: ( BP machine, Stethoscope, clinical thermometer, Patella Hammer, Tongue Depressors, Torch, Fetoscope, Ophthalmoscope, weight machine)
1= Yes all available (recommended)
2= Yes some available (tick those present)
3= Non available (not recommended)
4= Not applicable

43) Availability of basic nursing/midwifery equipment (treatment trays/trolleys, kidney dishes, bowels, gallery pots, drum for swabs, dressing, dressing forceps, theater forceps)
1= Yes some available (recommended)
2= Yes some available (tick those present)
3= None available (not recommended)
4= Not applicable

44) Availability of midwifery kit (fetoscope, placenta receptacle, suction machine, 2gallipots, 2kidney dishes, 1 needle holder, 1based, 1 scissors for episiotomy, 1 cord scissors, 4 suture needles round body, cord ligatures, catgut sutures, 2 baby sheets, 1 plastic sheet) all in good condition.
1= Yes all available (recommended)
2= Yes some available (tick those present)
3= None available/ all poor condition (not recommended)
4= Not applicable

45) Availability of basic resuscitation equipment (suction machine, mucus extractor, mouth gags, oxygen)
1= Yes all available (recommended)
2= Yes some available (tick those which are present (recommended)
3= None available (not recommended)
46) Availability of specialized equipment where applicable (midwifery kit, Dental, Lab, X-ray, Physiotherapy, Specialist Doctor Equipment)
   1= Yes all available (recommended)
   2= Not (not recommended)
   3= Not applicable for non specialist (recommended)

**VII Drugs**

47) Drug qualities available
   1= Adequate /reasonable (recommended)
   2= Overstocked
   3= Too few/none
   4= Not applicable

48) Shelf-life of available drugs
   1= No expired drugs (recommended)
   2= Some expired drugs found (list)
   3= Not applicable (beginners who have not yet stocked)

49) Where are drugs stored or proposed to be stored?
   1= mainly in lockable cupboards (recommended)
   2= Mainly in shelves
   3= Mainly on floor and boxes or tables or no storage facility (not recommended)

**VIII Medical Records**

50) Record keeping. How are records kept or proposed to be kept incase of new unit?
   1= Book/cards and MF5 issued (recommended)
   2= Books/cards but MF5 not issued
   3= Only MF5 issued: records not kept
   4= Records not kept and MF5 not issued.

51) How /Where are records stored
   1= Cupboards and shelves mainly (recommended)
   2= Littered on tables/floor
   3= In boxes
   4= Not applicable

**IX Personnel and Management**

52) Total professional staff .................................................................

53) Cadres: Doctors...........................................................................
    Nurses..........................................................................................
    Midwives....................................................................................
    Clinical Officers...........................................................................
    Lab. Techn/ Assist........................................................................
A Day Care Health Unit must be operated by at least one technically qualified person assisted by one technically qualified assistant (recommended) the critical numbers of professional staff vary according to the level of Health Unit as defined in operational guidelines.

**Ethical issues**

54) Display of Names and Titles

1= Display includes the following only: names of clinic and grade by category, name of practitioner and his/her qualification, speciality, address and working hours (recommended)

2= Display excludes some factors named above (not recommended)

3= Display includes additional information which is seductive/Advertising (not recommended)

4= There is no display of names and titles at all

55) Are there any ethical issues affecting the Health Unit (patient negligence, criminal abortion, drunkenness, drug abuse, sexual harassment etc...?

1= Yes (tick those affecting the health unit) (not recommended)

2= No (recommended)

3= Not applicable especially for new units

56) Procedures carried out conform to the level of health unit and grade of specialization of the health worker

1= Yes (recommended)

2= No (Not recommended)

57) Are there copies of the Registration/Enrolment Certificates of the Doctor/Health Workers operating the health unit?

1= Yes available for the health care workers (recommended)

2= Yes available for only some health care workers

3= Not at all (not recommended)

4= Not applicable for new health units

**Continuing Medical education**

58) Does the health unit have some reference books?

1= Yes some available (recommended)

2= None available

**License Status of Health Unit**

59) Is the health unit licensed for the current calendar year

1= Yes (recommended)

2= No

3= Not applicable for new clinic just applying for the initial license.
60) Where is the license for the previous year
1= Hanging on the wall (recommended)
2= Put in files/Cupboard
3= Kept elsewhere outside Health Units
4= A booklet (applicable for midwives only) (recommended)
5= Not applicable (new health unit)

XIII  Overall Score and Recommendations

61) Overall Score of the Health Unit
1= Excellent deserves 90-100% marks (recommended)
2= Very good deserves 70-89 marks (recommended)
3= Good bearable 50-69 marks (improve)
4= Terrible abominable, deserves 0-49 marks (close)

62) Recommendations
1= Recommended for licensing /renewal of license (90 – 100 % score)
2= Continue operating as you improve on the weak areas (issue list of weak areas) (70 – 89% score)
3= Close down improve on the weaknesses, have the place re-inspected then operator allowed (issue list of weak areas) 50 – 69% score
4= Close down completely (issue list of major weaknesses) 0 – 49% score

Signature of Inspecting Officer ..................................................................................................................................................

Full names of Inspection Officer ...........................................................................................................................................

Title of Inspection Officer ............................................................................................................................................................

Date of Inspection ..........................................................................................................................................................................

Recommendations of DHO or MOH.............................................................................................................................................
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Signed ................................................................................................................................................................................................

Full Names ..........................................................................................................................................................................................

Official seal/stamp