Blood Donation Form Checklist

Health Services

DIAGNOSTICS

Equipment and their functioning status

Yes No Na

Provision of reports

(Yes)
(No)
(Na)

Storage of medicines and administration



DISPENSARY

Availability of emergency tray



Status of the emergency ward

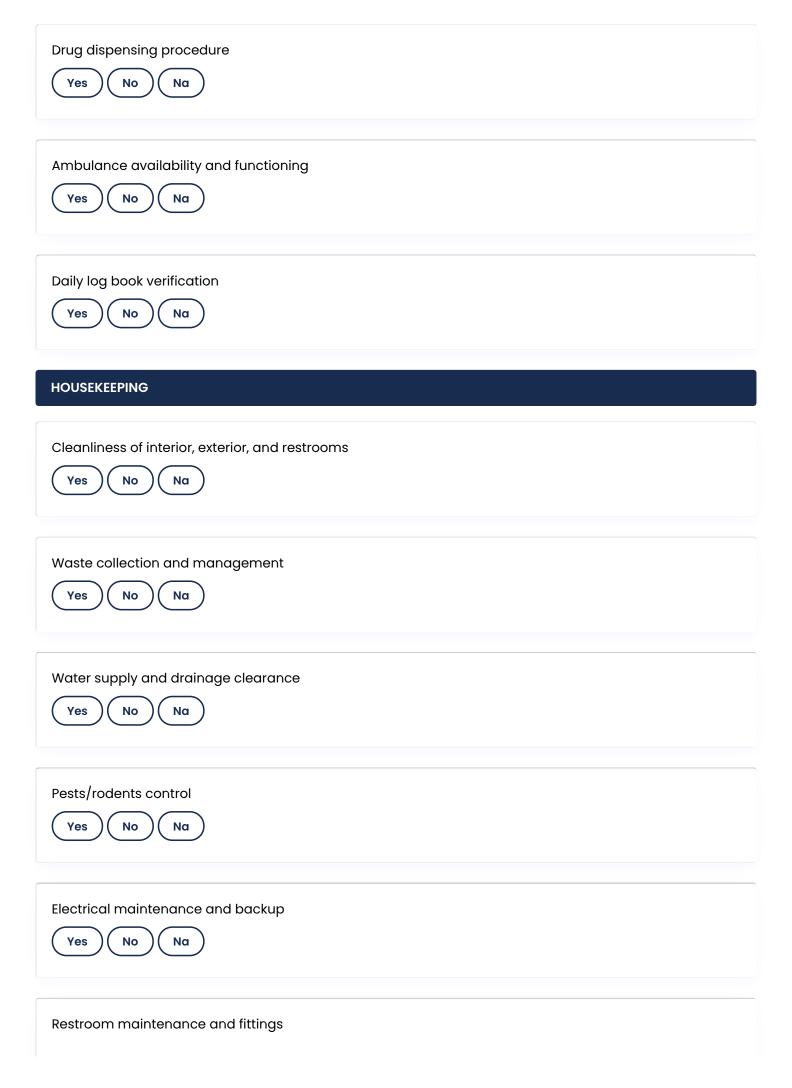


Availability of sufficient drug stock



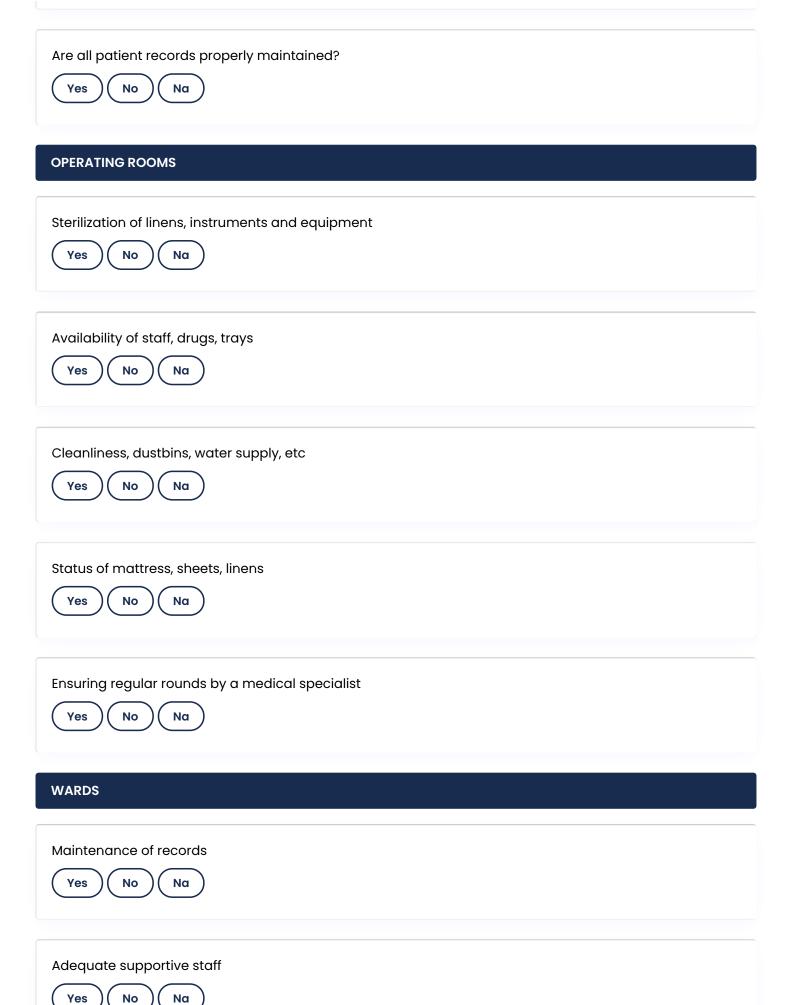
Stock book entry, daily expenditure, and entry verification





Yes No Na	
Functioning of HVAC Yes No Na	
Cleanliness of utensils Yes No Na	
Timings of food supply Yes No Na	
Sanitization of kitchen and meal consumption areas Yes No Na	
Additional information	
Images	UPLOAD
Images	
	UPLOAD
Inspectors Name/signature:	SIGNATURE
Inspectors Name/signature: Inspection Date:	

MEDICATION Pharmacy check Yes No Na Availability of supportive staff Yes No Na OPD Complaint box and grievance redressal No Na Yes Reception and help desk Yes No Na Patient guidance, information regarding services, and doctor Yes No Na Stationary, prescription slips, registration forms Yes No Na Counters and display Yes No Na Chambers of doctors, specialists, patient's sitting arrangement, patient disposal Yes No Na



Feedback from patients

(Yes)
(No)
(Na)