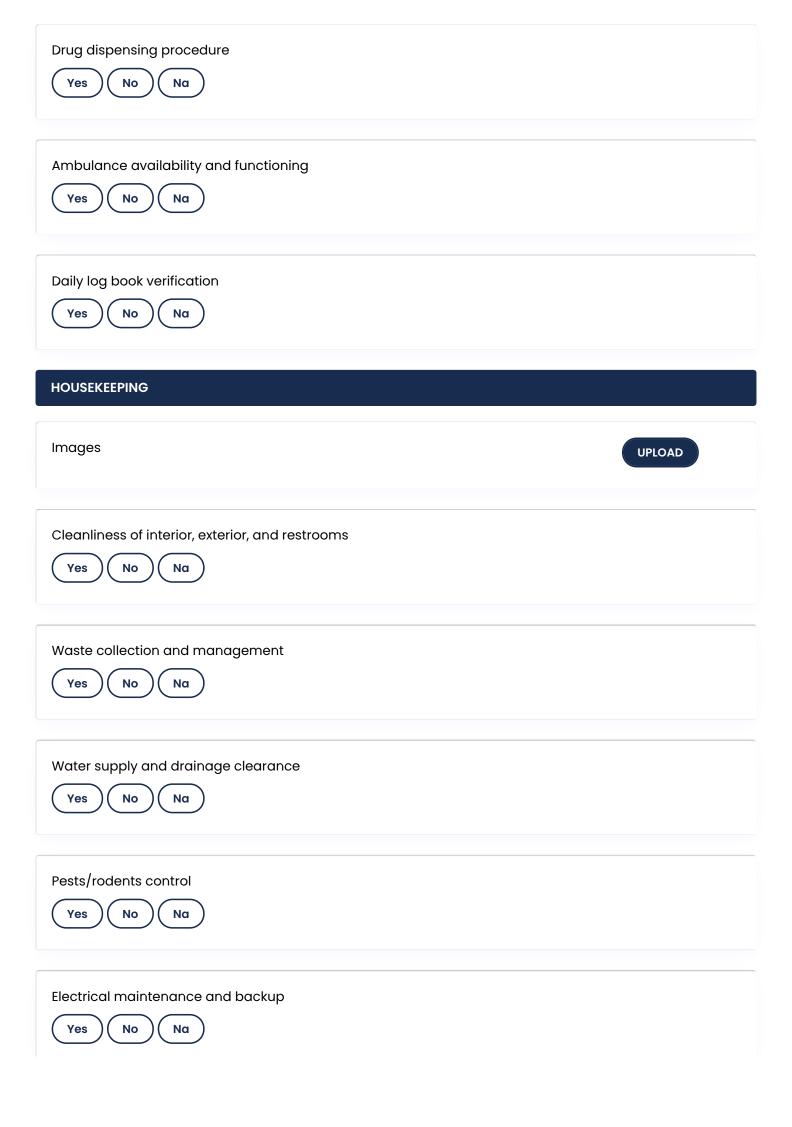
## **Delivery Room Checklist**

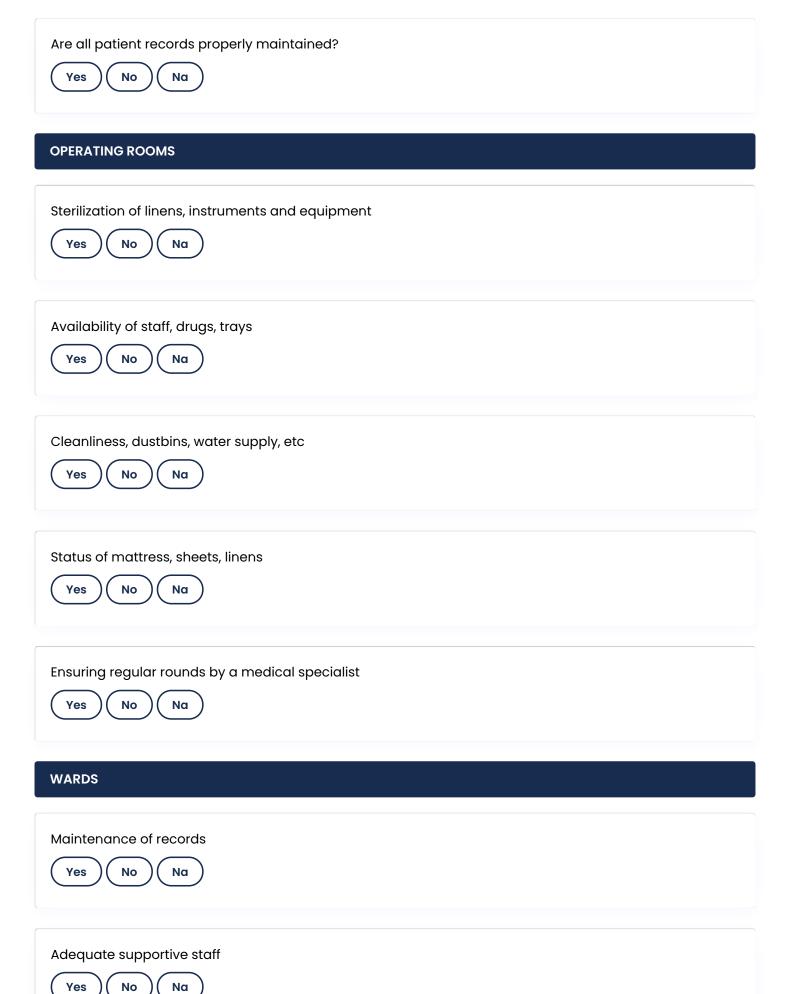
## **Health Services**

## **DIAGNOSTICS** Provision of reports No Yes Na Equipment and their functioning status Na Yes No Storage of medicines and administration Yes No Na **DISPENSARY** Availability of emergency tray No Yes Na Status of the emergency ward No Yes Na Availability of sufficient drug stock Yes No Na Stock book entry, daily expenditure, and entry verification No Yes Na



Restroom maintenance and fittings  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
Inspectors Name/signature:	SIGNATURE
Inspection Date:	DATE
2017-01-01	

## **MEDICATION** Pharmacy check Na Yes No Availability of supportive staff No Na OPD 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 Complaint box and grievance redressal Yes No Na Chambers of doctors, specialists, patient's sitting arrangement, patient disposal Yes No Na



Feedback from patients

Yes

No

Na