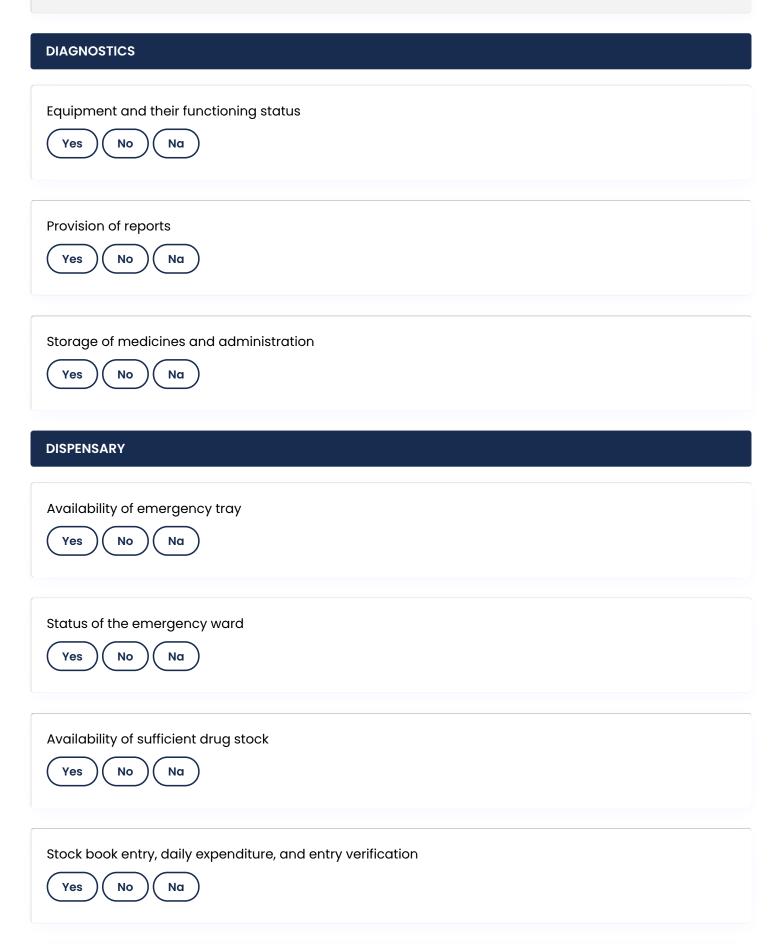
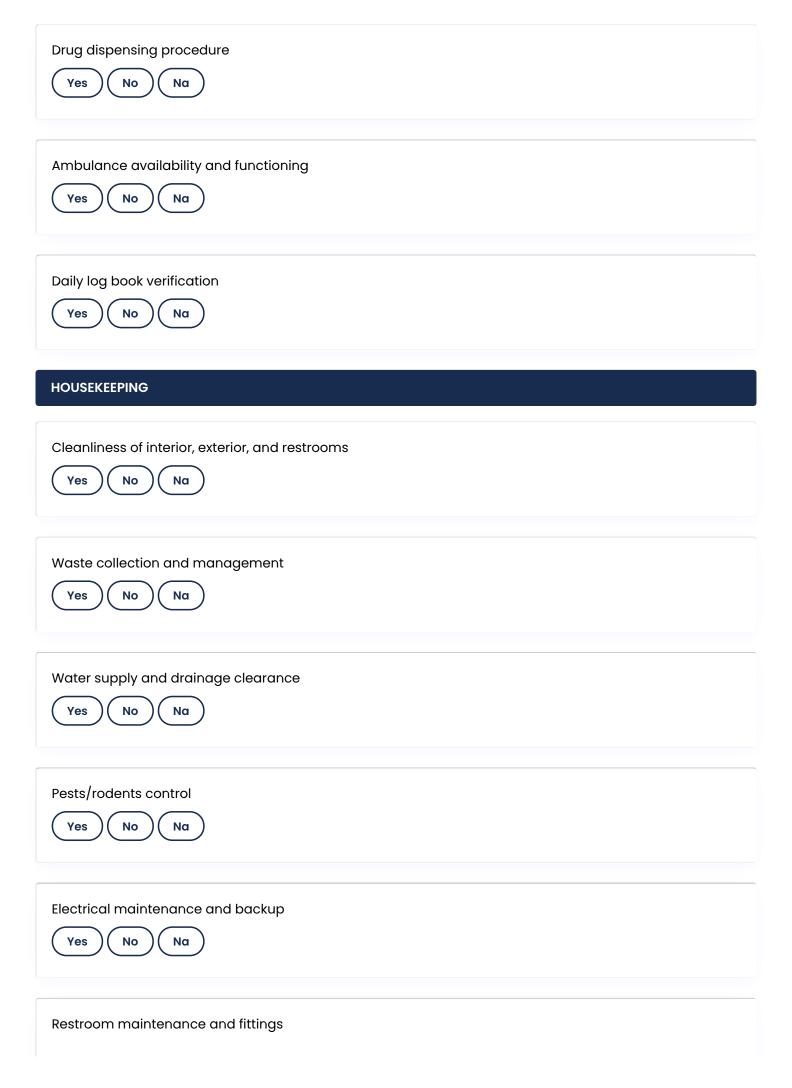
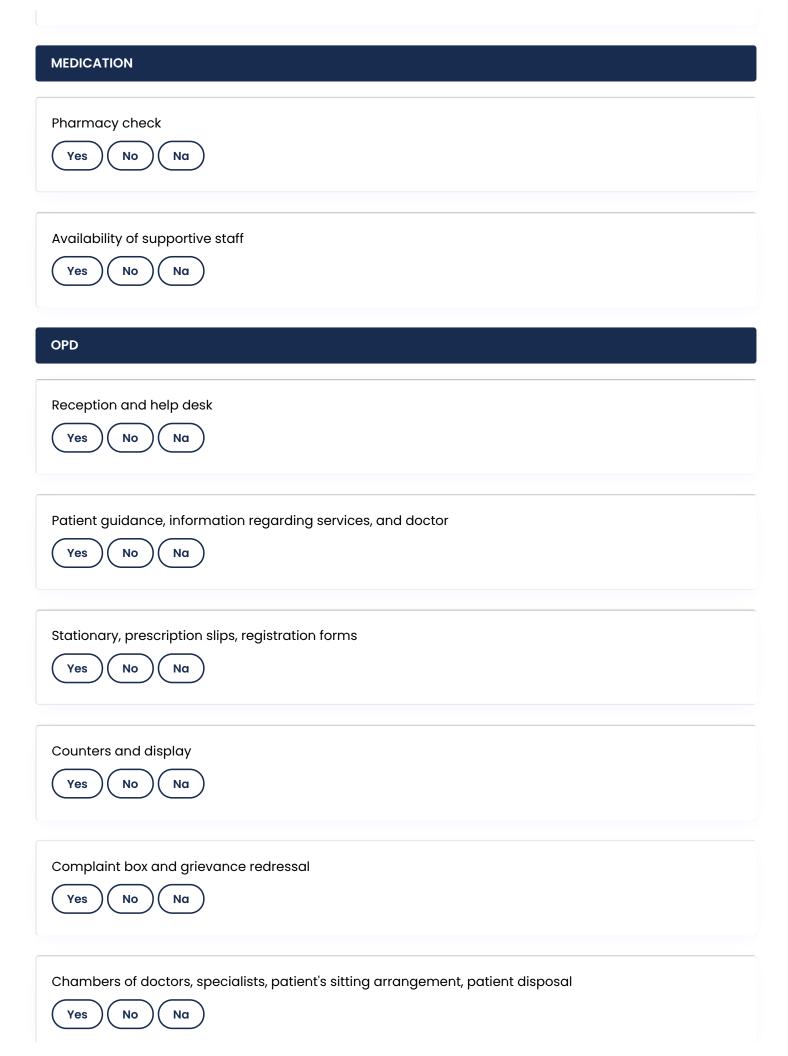
Elderly Fall Prevention Checklist

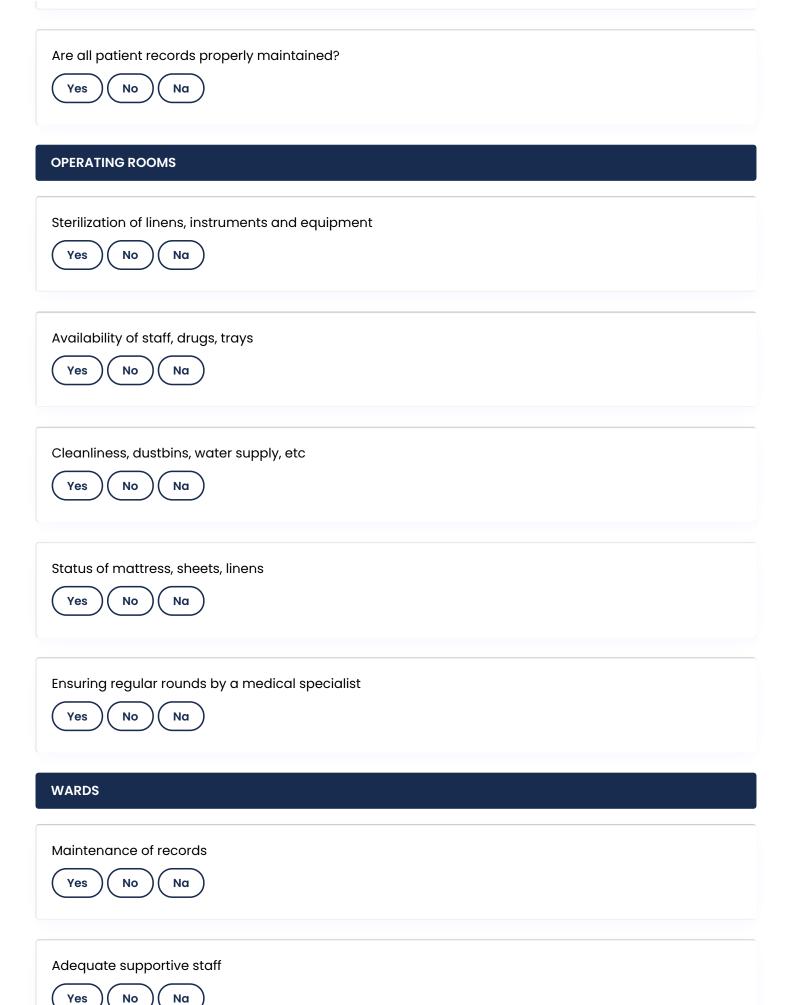
Health Services





| 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: | |





Feedback from patients

(Yes)
(No)
(Na)