## **Hospital Elevator Inspection**

## **Health Services**

## **DIAGNOSTICS**

Equipment and their functioning status No Yes Provision of reports Yes No Na Storage of medicines and administration Yes No Na **DISPENSARY** 

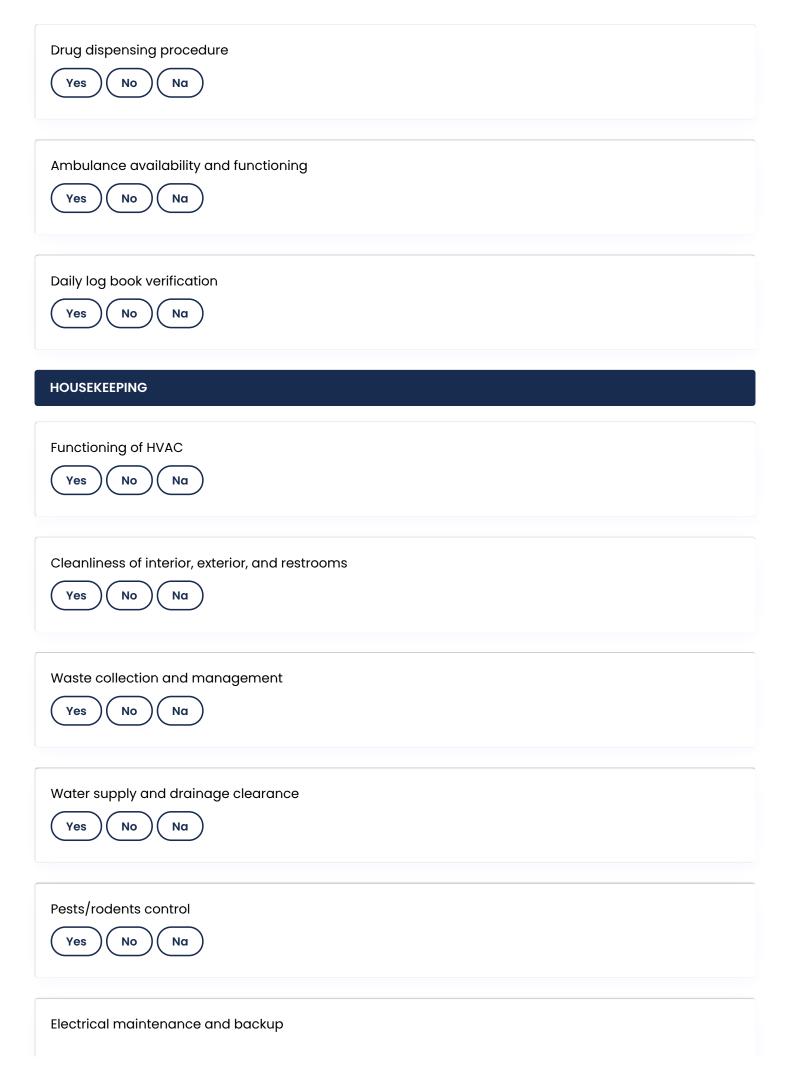
Availability of emergency tray No Yes Na

Status of the emergency ward Yes No

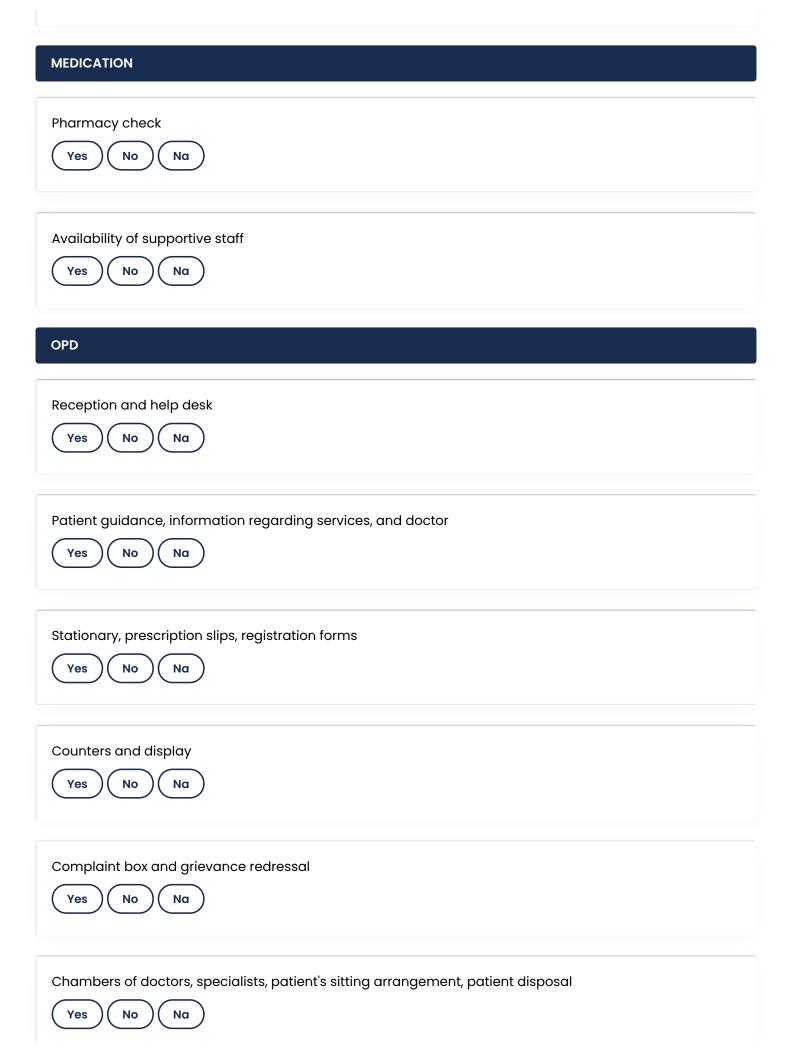
Availability of sufficient drug stock Yes No Na

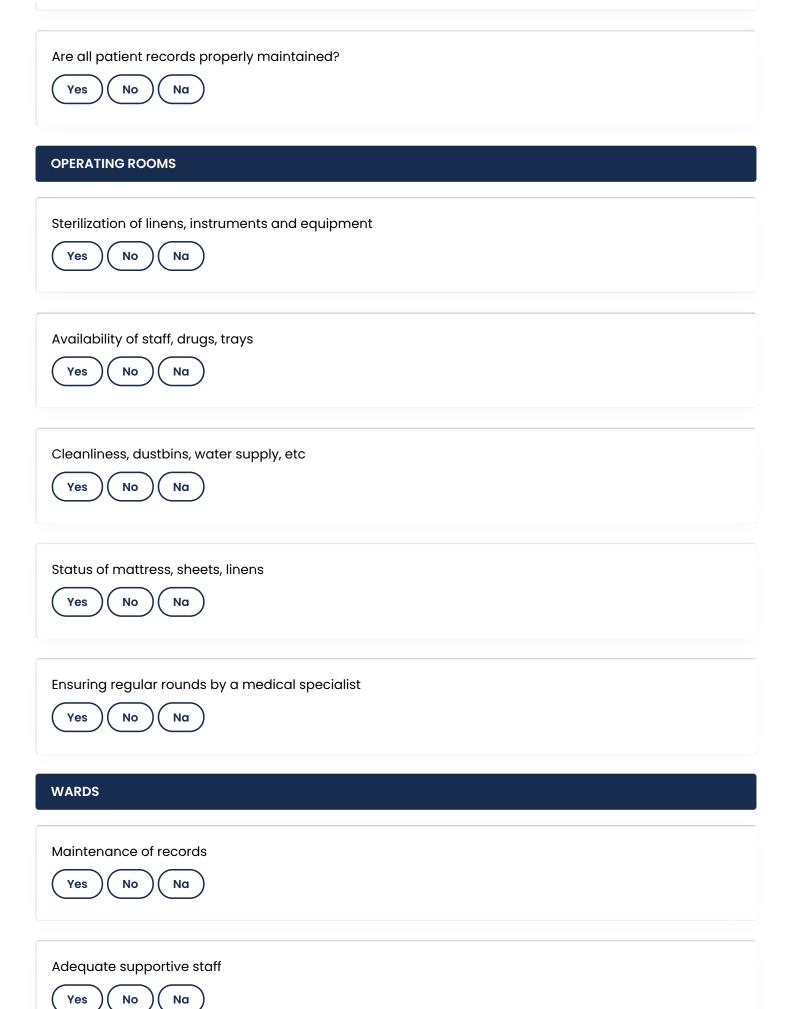
Stock book entry, daily expenditure, and entry verification





Yes No Na	
Restroom maintenance and fittings  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
Inspection Date:	DATE





Feedback from patients

(Yes)
(No)
(Na)