Inspection checklist- Healthcare Inst & Nursing Home

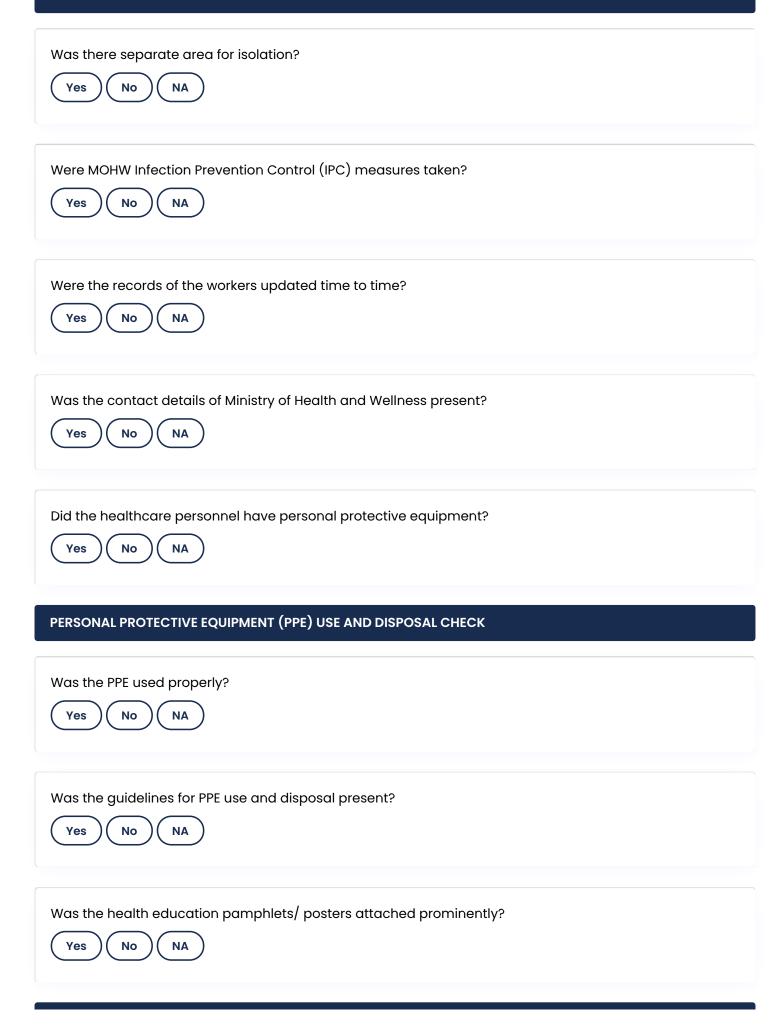
Health Services

CLEANLINESS
Which of the following were clean and well maintained? Waste Storage and Disposal Garbage Bins, Furnishing Fixture and equipment Linen Compound and facility
Were there carpeted flooring? Yes No NA
Were Cleaning and Disinfection schedule updated? Yes No NA
GENERAL CHECK
Select the Sanitary and Hygiene Practices that were followed. Sanitary Conveniences Handwashing Facility Hand Sanitizers strategically placed Water safe and adequate quantity Water Quality records (if trucked) and trucking information in place
Were temperature done at the entrance building? Yes No NA
Were residents/clients/patients subjected to daily temperature checks and was the same recorded? Yes No NA

Before using were the multi-use devices properly cleaned and disinfected? Yes No NA
In recreational, common and dining areas were social distancing maintained? Yes No NA
Were there separate entry, exits gate? Yes No NA
GENERAL DETAILS
Number of Staff reported absent
Name of Manager/CEO
Number of Shifts Operated
Total number of staff reported not present
Institution

Parent Company (if Applicable)
Address
Email id
Contact Number
Number staff absent due to illness
Number of Residents/Clients/Patients
Average number of clients/patients checked daily
Residents/Clients/Patients Recorded

MEASURES TAKEN TO HANDLE THE PATIENTS



TRANSPORTATION ARRANGEMENTS Was the register of all contracted drivers and their vehicles well maintained? No NA Yes Please mark which of the following details were recorded Staff members transported per trip Residents/clients/patients or staff transported or transferred to one healthcare facility to another Was the procedures and guidelines for cleaning and sanitization of vehicles available? No NA Yes **VENTILATION CHECK** Was the natural ventilation used? No NA Yes Was program on Preventative maintenance observed? Yes No Was the the cleaning and maintenance schedule updated? Yes No NA Overall comments textarea