

Patient Complaint Form/Checklist

Health Services

GENERAL

Is the room's entrance wide enough to accommodate an ambulance stretcher, wheelchair, etc?

☐ Yes☐ No☐ Na

Is the first aid room within a building?

☐ Yes☐ No☐ Na

Is the first-aid room locked to prevent theft?

☐ Yes☐ No☐ Na

Are records maintained for the first aid given?

☐ Yes☐ No☐ Na

Is there adequate seating in the first aid room?

☐ Yes☐ No☐ Na

Are there adequate blankets and pillows?

☐ Yes☐ No☐ Na

Is there a designated cabinet to store equipment?

☐ Yes☐ No☐ Na

Are electric points clean and secured?

Yes

No

Na

Does the room have adequate ventilation?

Yes

No

Na

Is the first aid room adequate enough?

Yes

No

Na

Is the room clean and well-maintained?

Yes

No

Na

Is the temperature comfortable?

Yes

No

Na

Is no smoking sign posted at the entrance of the first aid room?

Yes

No

Na

Are there movable screens, suspended curtains, or a door that can be closed to maintain privacy?

Yes

No

Na

Is information displayed on the door mentioning names, location, contact numbers of the first aiders?

Yes

No

Na

Are desks/counters cleaned and disinfected?

Yes

No

Na

Are instruments and first aid equipment secured and stored appropriately?

Yes

No

Na

Is the first-aid stock checked regularly for expiry, disposal, replacement, etc?

Yes

No

Na

Is no smoking sign posted inside the first aid room?

Yes

No

Na

Is there a handwashing area inside the first-aid room?

Yes

No

Na

Is there a water supply at all times?

Yes

No

Na

Is there a facility of telephone or other means of communication?

Yes

No

Na

Are there adequate soaps/sanitizer/paper towels?

Yes

No

Na

Are all frequently touched surfaces clean?

Yes

No

Na

Is a dedicated person assigned for the upkeep of the first aid room?

Yes

No

Na

Is the room located near to a point of access for transport to the hospital?

Yes

No

Na

Is drinking water available?

Yes

No

Na

Are protective garments for first aiders available?

Yes

No

Na

Are used first-aid equipment properly discarded?

Yes

No

Na

Is there a trash can inside the first-aid room?

Yes

No

Na

Is the trash regularly emptied?

Yes

No

Na

Additional information

Inspectors Name/signature:

SIGNATURE

Inspection Date:

DATE

