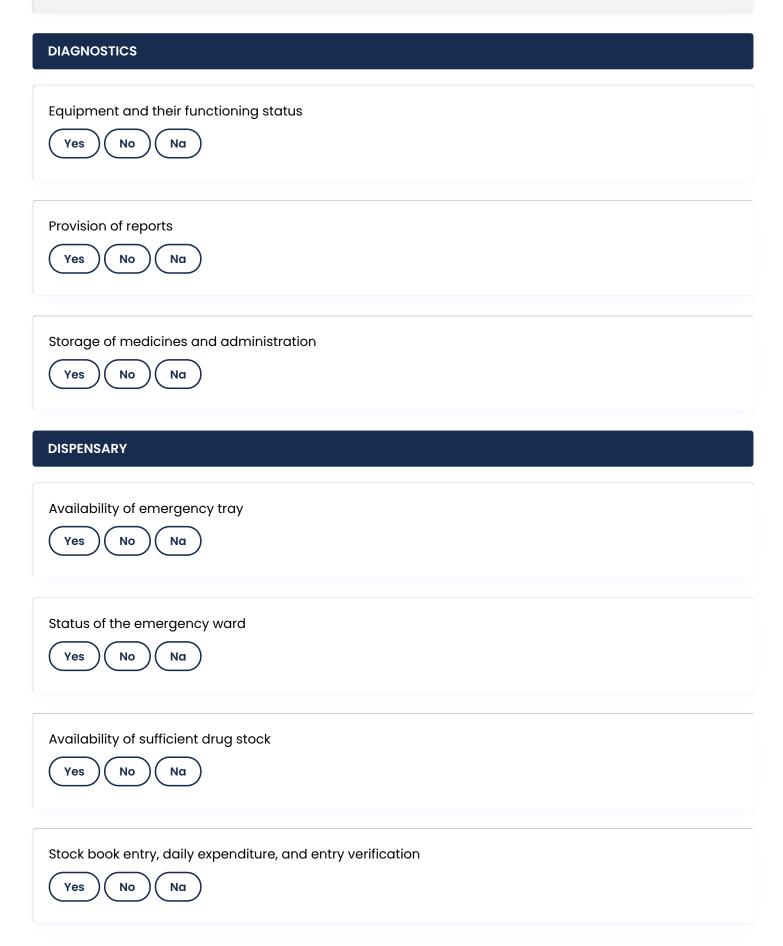
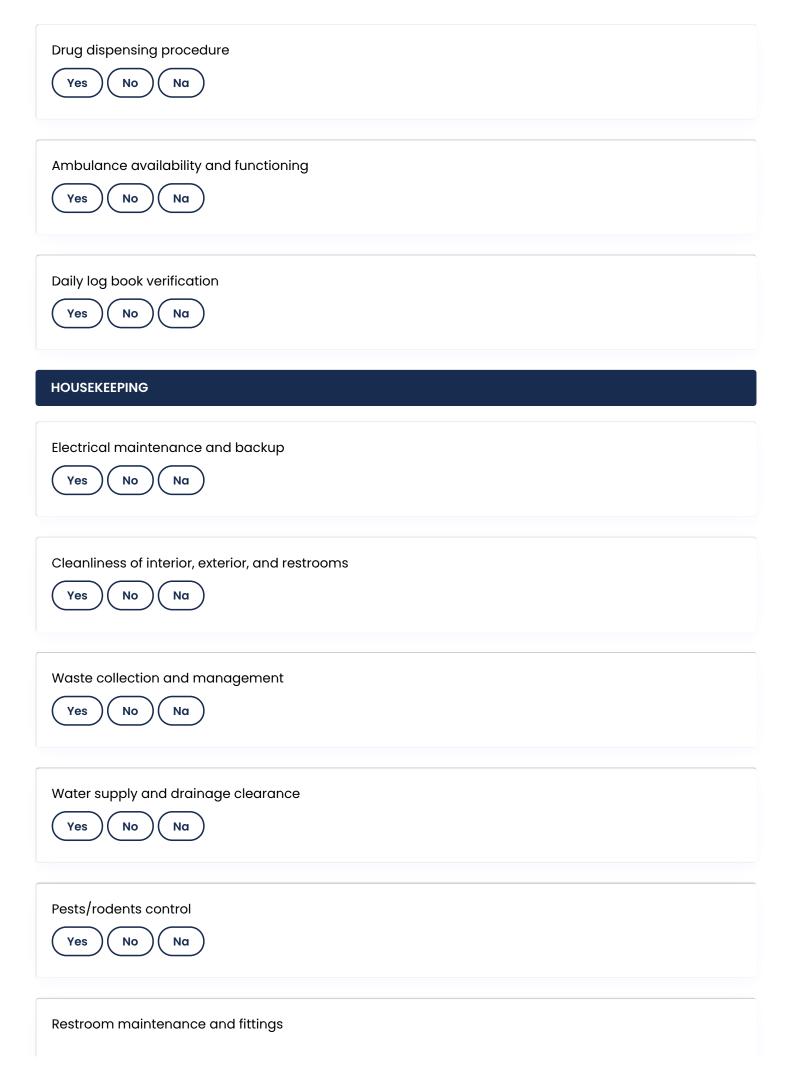
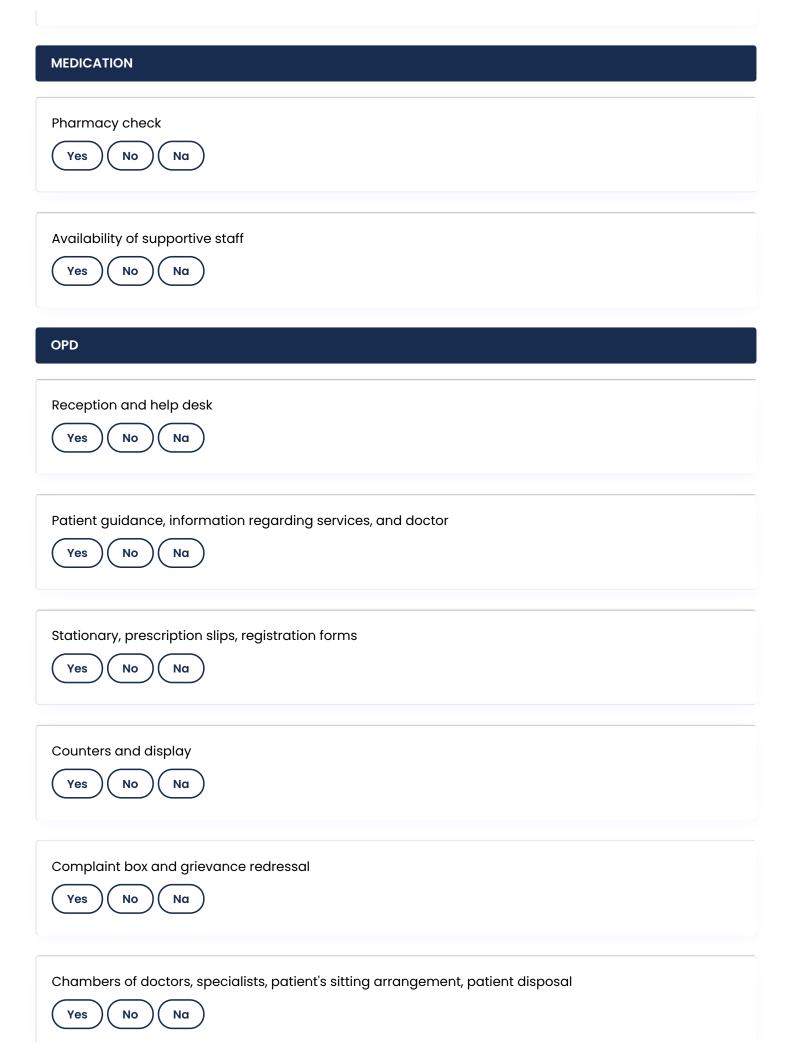
## Valet services Inspection

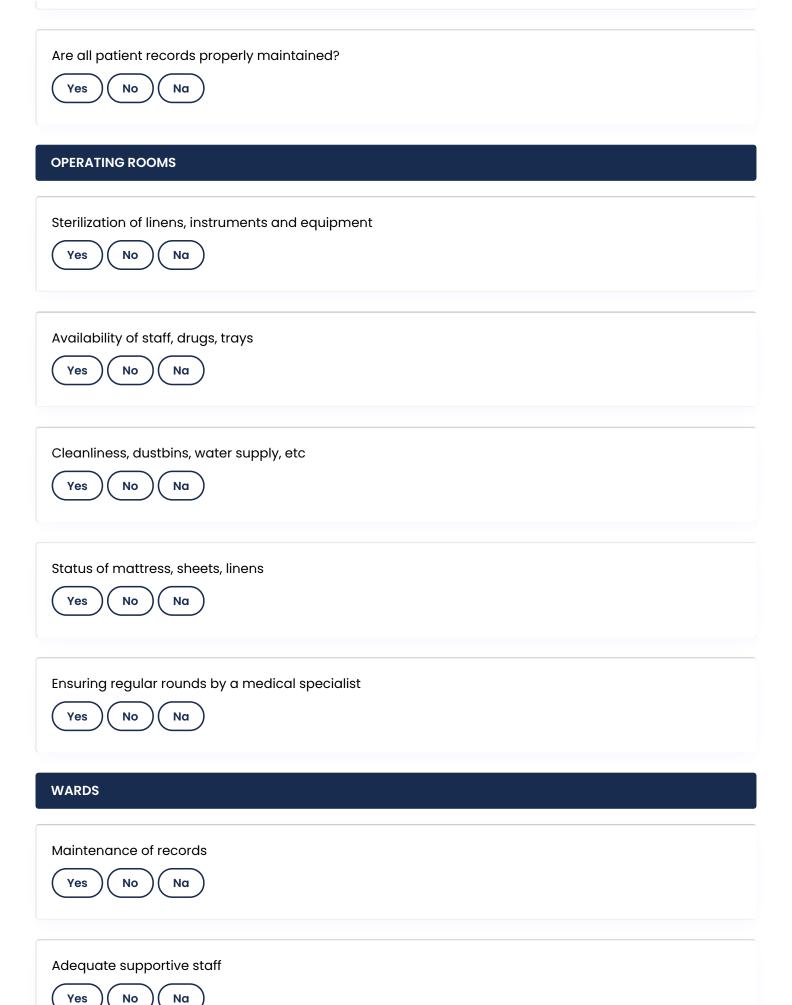
## **Health Services**





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)