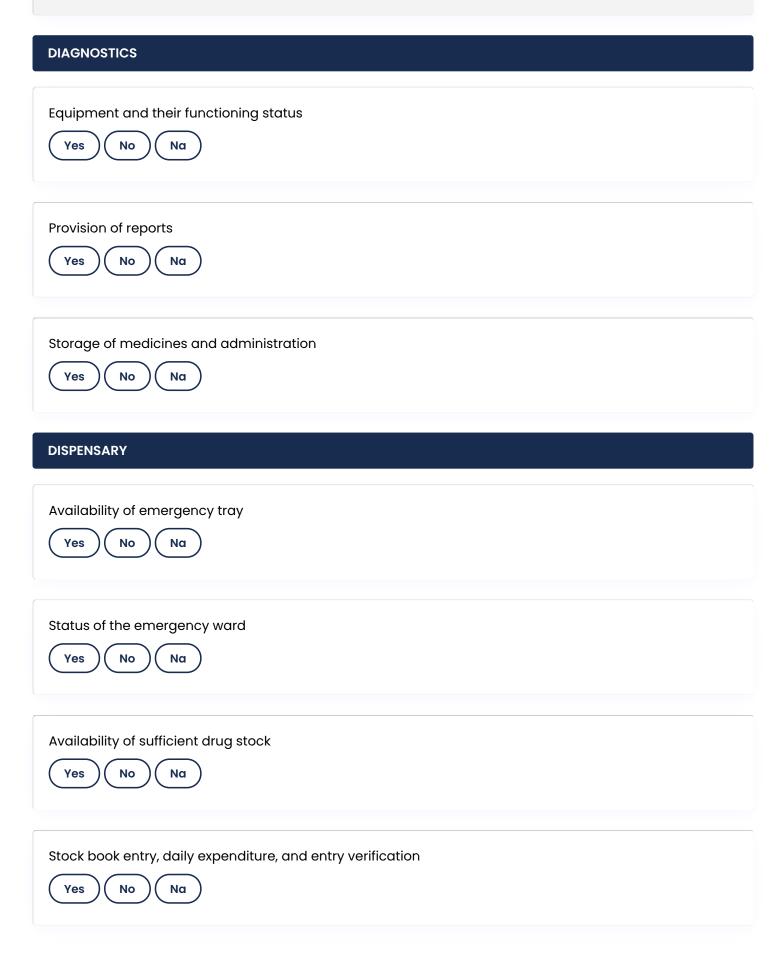
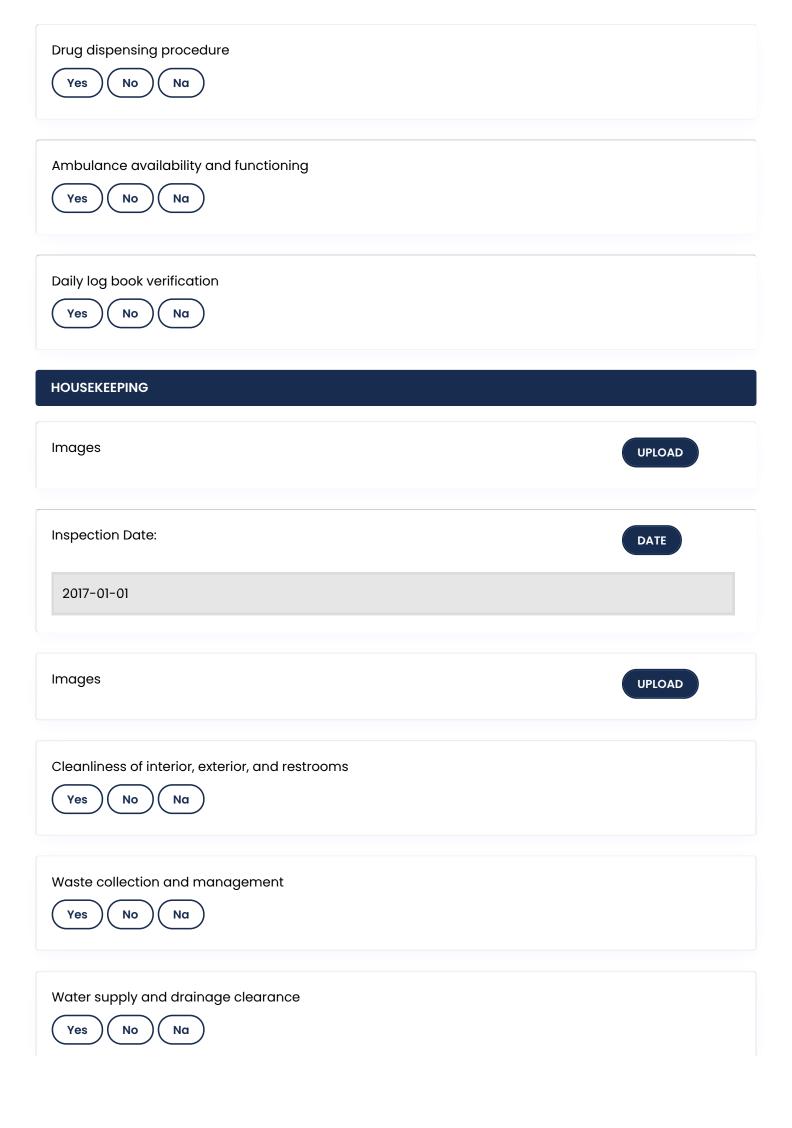
## **PPE** donning audit

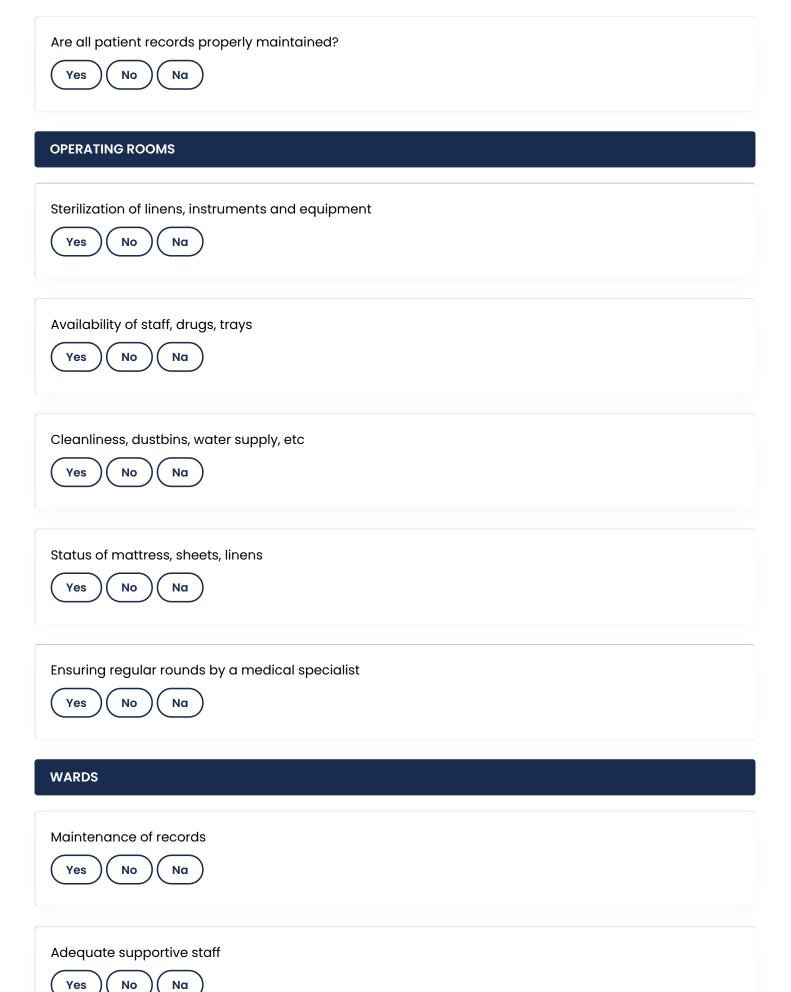
## **Health Services**





Pests/rodents control  Yes No Na	
Electrical maintenance and backup  Yes No Na	
Restroom maintenance and fittings  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	
Inspectors Name/signature:	SIGNATURE

## **MEDICATION** Pharmacy check Na Yes No Availability of supportive staff No Na OPD Reception and help desk Yes No Na Patient guidance, information regarding services, and doctor Yes No Na Stationary, prescription slips, registration forms Yes No Na Counters and display Yes No Na Complaint box and grievance redressal Yes No Na Chambers of doctors, specialists, patient's sitting arrangement, patient disposal Yes No Na



Feedback from patients

Yes

No

Na