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REVISED INSPECTION REPORT

PURPOSE OF INSPECTION (Tick the appropriate) : FRESH REGISTRATION
 RENEWAL OF REGISTRATION
 EXTENSION OF BED
 SURPRISE INSPECTION

DATE OF INSPECTION :

NAME OF THE NURSING HOME :

ADDRESS OF THE NURSING HOME :

VALID FIRE SAFETY CLEARANCE CERTIFICATE : YES/ NO

If no, whether Day Care Centre : YES/ NO

If not a Day Care Centre, whether in-patient facilities restricted on GF and FF only: YES/ NO

If Day Care Centre or In-patient facilities restricted on GF and FF only, following fire measure points be verified.

| Sl. No. | Head | Details | Remarks |
|---------|---|--|----------|
| 1. | Audit | Fire Safety Audit with date of validity | Yes / No |
| | | Electrical Audit with date of validity | Yes / No |
| 2. | Fire Exit & Evacuation Plan | Fire exits | Yes / No |
| | | Fire exits free from obstruction | Yes / No |
| 3. | Display / Signage | Evacuation plan | Yes / No |
| | | No smoking sign | Yes / No |
| 4. | DG set | If DG set is used, Fuel for DG set stored near electric board | Yes / No |
| 5. | Oxygen Cylinders | Oxygen cylinders stored in a well-ventilated storage area, away from combustible materials | Yes / No |
| | | Oxygen cylinders secured upright with demarcated areas for filled and empty cylinders | Yes / No |
| 6. | Availability of other adequate number of Fire safety points | Smoke Detectors | Yes / No |
| | | Fire safety alarm | Yes / No |
| | | Fire Extinguishers mentioning validity of expiry | Yes / No |
| | | Water Sprinkler | Yes / No |
| | | Hose reel provided on respective floors | Yes / No |
| 7. | Training for the staff | Training conducted for the staff (Undertaking) | Yes / No |

| S.NO | PARTICULARS | | DETAILS |
|------|--------------------------|--|---------|
| 1. | Location & Surrounding | | |
| 2. | RECEPTION | Waiting area for patients | |
| | | Schedule of charges & information availability etc. | |
| | CASUALTY/ EMERGENCY | Situated on which floor | |
| | | Space availability for patient's | |
| | | Emergency medicines | |
| | | Oxygen cylinders/Piped Oxygen with Flow meter | |
| | | Suction machines/Piped Suction | |
| | | Dressing material | |
| | | No. of Beds in Casualty <i>*Note: Casualty Beds are non-census beds hence Not counted for the purpose of registration</i> | |
| 3. | NURSES STATION/DUTY ROOM | | |
| 4. | LABOUR ROOM | No. of Labour Room/Labour Table | |
| | | Situated on which floor | |
| | | Wash room | |
| | | Scrub area/station | |
| | | Changing room | |
| | | Area for Labour Room(100sq.ft.) | |
| | | Asepsis maintained | |
| | | Walls upto 4ft washable | |
| | | Equipment for Baby resuscitation | |
| | | Whether as per Clause 2.3 & 4 of the Schedule appended to Rule 14 of DNHR (Amendment) Rules, 2011 | YES/NO |
| 5. | OPERATION THEATRE | No. of Operation Theatre | |
| | | Situated on which floor | |
| | | Scrub area/station | |
| | | Changing room | |
| | | Area (150sq.ft.) | |
| | | Asepsis maintained | |
| | | Walls upto 4ft. Washable and condition of wall in general flooring & roof condition | |
| | | Equipments in the OT for the Specialty for which nursing home has been registered and modern equipments. | |
| | | Whether as per Clause 2.3 & 4 of the Schedule appended to Rule 14 of DNHR (Amendment) Rules, 2011 | YES/NO |

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|----|------------------------|--|-------------|--------|
| 6. | ICU | Total Number of ICU/CCU/PICU/ NICU beds | | |
| | | | Beds | Floor |
| | | ICU/CCU beds with ventilator (Space for each bed 120 sq. ft unencumbered on all sides) | | |
| | | ICU/CCU beds without ventilator (Space for each bed 120 sq. ft Unencumbered on all sides) | | |
| | | PICU beds with ventilator (Space for each bed 120 sq. ft unencumbered on all sides) | | |
| | | PICU beds without ventilator (Space for each bed 120 sq. ft unencumbered on all sides) | | |
| | | NICU beds with ventilator (Space for each bed 50 sq. ft unencumbered on all sides) | | |
| | | NICU beds without ventilator (Space for each bed 50 sq. ft unencumbered on all sides) | | |
| | | No. of RMOs (1:4 for ICU) | | |
| | | No. of Nurses (1:1 for ICU with ventilator & 1:4 for ICU without ventilator) | | |
| | | Whether as per Clause 3.2, 3.3 and 3.4 of the Schedule appended to Rule 14 of DNHR (Amendment) Rules, 2011 | | YES/NO |
| 8. | EQUIPMENTS | Monitors & Crash Cart | | |
| | | Ventilators & Defibrillator | | |
| | | Resuscitation Kit & Radiant Warmer | | |
| | | Suction Machines | | |
| | | Uninterrupted Oxygen Supply through adequate no. of Oxygen Cylinders & Flow meter | | |
| 9. | ROOMS; WARDS & NURSERY | Ground Floor | No. of Beds | |
| | | First Floor | No. of Beds | |
| | | Second Floor | No. of Beds | |
| | | Third Floor | No. of Beds | |
| | | Fourth Floor | No. of Beds | |
| | | Fifth Floor | No. of Beds | |
| | | Sixth Floor | No. of Beds | |
| | | Seventh Floor | No. of Beds | |
| | | TOTAL NUMBER OF BEDS | | |
| | | No. of single rooms (floor wise) | | |
| | | No. of twin sharing rooms (floor wise) | | |

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| | | No. of three bedded rooms (floor wise) | |
| | | No. of four bedded rooms (floor wise) | |
| | | No. of _____ bedded wards (floor wise) | |
| | | No. of _____ bedded wards (floor wise) | |
| | | No. of _____ bedded wards (floor wise) | |
| | | <i>*Note: Casualty Beds; Pre-operative beds; Post-operative beds; Labour beds ;Day care beds & Dialysis beds are non-census beds hence these are not to be counted for the Purpose of registration</i> | |
| | | Proper ventilation | |
| | | Proper Lighting arrangement | |
| | | General Cleanliness etc. | |
| | | Whether As per Clause 3.1 of the Schedule appended to Rule 14 of DNHR (Amendment) Rules, 2011 | YES/NO |
| 10. | Number of Dialysis machines | | |
| 11. | MEDICINES FOR IN-PATIENTS | | |
| 12. | WHETHER POISONOUS DRUGS STORED IN LOCK WITH DOUBLE KEY | | |
| 13. | STAFF AVAILABILITY | Doctors (regd. With DMC) | |
| | | Nurses (regd. With DNC) | |
| | | Any other staff | |
| | | Whether as per Clause 11 and 13 of the Schedule appended to Rule 14 of DNHR (Amendment) Rules, 2011 | YES/NO |
| 14. | WASTE DISPOSAL METHODS EMPLOYED | DPCC authorization | |
| | | BMW disposal agreement | |
| | | If bed strength of 51 beds or more, Whether consent to operate ETP/STP | YES/NO |
| | | If having Genset, whether Noise Monitoring report available | YES/NO |
| | | Whether as per Clause 17 of the Schedule appended to Rule 14 of DNHR (Amendment) Rules, 2011 | YES/NO |
| 15. | LINEN STATUS | Whether as per Clause 9 of the Schedule appended to Rule 14 of DNHR (Amendment) Rules, 2011 | YES/NO |
| 16. | RECORD | HMIS | YES/NO |
| | | If HMIS not available then | |
| | | OPD Register | |
| | | Admission Register | |
| | | Alphabetical Index Register (Indoor patients) | |
| | | Maternity Register (Abortion/Still Birth) | |
| | | Birth/Death Register | |
| | | Stock Register | |
| | Whether maintained as per Rule 12 of DNHR (Amendment) Rules, 2011 | | |

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| 17. | KITCHEN | |
| 18. | TOILET | |
| 19. | ANY OTHER INFORMATION | Provision of Ambulance |
| | | Provision for alternate source of electricity |
| 20. | PC&PNDTREGISTRATION | |
| 21. | MTPREGISTRATION | |

REMARKS: The concerned nursing home namely, _____

_____ Situated at _____

_____ is found **FIT** for the purpose of registration/renewal of registration or during surprise inspection for _____ beds.

In case, the nursing home is found **UNFIT** during the said inspection, the reason for the same is as below:

1. _____
2. _____
3. _____

Dated:

Signature of Inspecting Officer:

Name:

Designation:



