Inspection Format for Clinics

1. General Information
   a. Name of establishment: ..................................................
   b. Phone No: ..............................................................
   c. Address of establishment ............................................
   d. Whether Establishment New/ Old: ................................
   e. Name of the proprietor: .............................................
   f. Address of the proprietor: .........................................
   g. Nature of firm: Ownership/ Partnership/ Registered company/Voluntary Organisation/
      Society/PSU: ..........................................................
   h. Type of Clinic Allopathic/AYUSH/Physiotherapy: ............
   i. Empanelled Under JSY/RSBY/EMRI 108: .......................

2. Building
   a. Whether Clinic is adjacent to an open Sewer, drain or public lavatory or to a factory emitting smoke or obnoxious odour: .................................................
   c. Type of Building- Own/ Rented/ Leased: ........................
   d. Well connected with roads: ........................................

3. Medical/ Paramedical Staff
   (Give Name and Qualification) registered under appropriate council of Chhattisgarh: ..................................................
   (Attach Separate Sheet if required): .................................
4. OPD Area

a. In OPD: Proper signage, Name of Doctor Qualification, Speciality With available services, Timings and Phone number

b. Space requirements: as follows:

<table>
<thead>
<tr>
<th>Space requirements</th>
<th>Minimum std(sq.ft)</th>
<th>Dimensions present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation room+ Waiting area+ Treatment</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

c. Disable Friendly ramp

d. Waiting room / adequate sitting arrangement

e. Provision for privacy of female patients

f. Provision of safe drinking water

g. Ventilation

h. Lighting

i. Power backup

j. Toilets(Separate for male and Female)

k. General Hygiene and Cleanliness

l. Fire Safety equipments

5. Consultation Room

a. Separate cabins for various disciplines.

b. Doctor’s chair, table,

c. Patients chair,

d. Wash basin,

e. X Ray film view box

f. Other set of tools as may be required for different disciplines.

6. Emergency Room(optional)

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7. Treatment and dressing Room(optional) 

8. Pharmacy(optional) 

9. Emergency Kit 
   a. Ambu bag 
   b. Oxygen Cylinder 
   c. IV infusion Set and IV fluid 
   d. Emergency Medicines 

10. Support Services: 
   a. Electricity 
      (provision for continuous supply of electricity and power back up) 
   b. Biomedical Waste Disposal: 
      i. Clearance from Environment Conservation Board 
      ii. Availability of Colour coded Bins 
   c. Access to safe drinking water 

Note: Apart from above, any other defined, relevant Standards, mentioned in the Chattishgarh Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013, has to be added in this Inspection format.
Inspection Report

Name of the Establishment: ________________________________________________

Address: ________________________________________________________________

Date and Time of Inspection: ______________________________________________

Name of Team Leader: ______________________________________________________

Major Gaps Found:

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This is certified that the Inspection team has examined the above Clinical establishment and found various parameters as per the standards mentioned in the Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam, 2013. We hereby recommend/do not recommend ......................... for Issuance of license to the aforesaid clinical establishment.

Name ....................... Name ....................... Name .......................  
Signature .................. Signature .................. Signature ..................  

Name ....................... Name ....................... Name .......................  
Signature .................. Signature .................. Signature ..................  

Signature ................. Signature ................. Signature .................