



**GOVERNMENT OF KARNATAKA**

**INSPECTION MANUAL**

**HEALTH & FAMILY WELFARE  
DEPARTMENT**

**DIRECTORATE OF HEALTH & FAMILY WELFARE,  
ANANDA RAO CIRCLE, BANGALORE-9.**

**MARCH 2008**



Basavaraju, IAS.,  
Commissioner  
Health & Family Welfare Services

## FOREWORD

Inspection is an integral part of any administrative activity; it is more relevant and imperative for health sector reforms. The Government of Karnataka has issued a comprehensive Government Order dated: 3-11-2003 inspection of all the functionaries from District Health & Family Welfare Office to PHC level. The inspection format covers clinical / non clinical and other administrative matters for a comprehensive over view of the institutions.

Even though, a very effective and comprehensive system has been established for inspection, of late, there has been complacency in this regard by many of the inspecting authorities. The need for prompt and efficient services in the health sector is increasing day by day, therefore, to improve the functioning of health institution, this Inspection Manual. I hope, would be very useful and it is expected that all the officers of the Department of Health & Family Welfare would take up inspection of the institutions and follow-up action for improving the health systems.

Bangalore  
- - 2008

(Basavaraju)

No.

Directorate of Health & Family Welfare  
Services, Ananda Rao Circle,  
Bangalore 69,  
Date:

## INSPECTION MANUAL

The Inspections conducted by Senior Officials of the Directorate of Health & Family Welfare Dept., at the State level, District, Taluka, PHC and Subcentre levels has virtually ceased since 1987 after the ZP came into existence.

As a result, though the senior Officials of the Department continued their efforts to streamline the administration by checking irregularities and deficiencies, during their inspections and visits, the overall impact of such endeavours was far from satisfactory. Having continued in this way thus far, with no improvement in the work environment and performance of the health care delivery establishments, the Commissioner of Health & Family Welfare, in his letter No.AaKuKa : Ayuktaru: 280-99-2000 dated: 23-1-2000, initiated the formation of a committee to revive the previously existent inspections with the newly designed inspection schedules/checklists for stringent enforcement henceforth.

Accordingly a committee was constituted comprising of : Dr. G.V. Nagaraj, Project Director (RCH) as Chairman and Dr.K.B. Makapur, Director, SIHFW, Dr. C.S. Siddegowda, Health Officer, BMNP, Dr. S.B. Kurthakoti, Additional Director, HE&T, Dr. M.V. Murugendrappa, Additional Director PHC, and Dr. M. Naina Rani, Dy Director, Management, SIHFW as members.

Since this inspection manual was prepared in the year 2000 and good number of changes have taken place since then in both the Organisation and functioning of the department including addition of new National Programmes it was thought imperative to revise this Inspection Manual. In this regard a meeting was held on 6-3-2008 under the Chairmanship of Secretary to Government, Health & Family Welfare Department. This was attended by Commissioner, Project Administrator, KHSRDP, Director, Health & Family Welfare Services, Director, AYUSH Department, Director, State Institute of



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and all Joint Directors of the Department. It was a revision of Inspection Manual to Project Director


(RCH).

It is desired that all officers of the Health & Family Welfare Department make use of this Inspection Manual to the fullest extent possible and make Inspections of institutions a meaningful work.

Director,  
Health & F.W. Services

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**NOTIFIED DISEASE SURVEILLANCE PROJECT PROGRAMME: SYDROMIC**

I District Surveillance Officer: Working Yes/No  
 Full Charge/incharge  
 If incharge who is in regular charge

II Contractual Staff Position

1) Accountant:	Working	Yes/No
2) Admn.Asst:	õ	Yes/No
3) Data Manager	õ	Yes/No
4) Data Entry Operator	õ	Yes/No

III Regular Staff Working Working Yes/No

- 1) Sr. Health Assistant:
- 2) Jr. Health Assistant:
- 3) Sr. Lab Technician:
- 4) Jr. Lab Technician:
- 5) Entomologist
- 6) Microbiologist
- 7) Insect Collector
- 8) Group-D

IV IT Equipments

1) Computers	Working :	Yes/No
2) Internet connectivity	Working :	Yes/No
3) EDUSAT Equipments	Working :	Yes/No
4) E-Mail ID		

V Register & Formats

1) S Forms & Registers supplied:	Yes/No
2) P Forms & Registers supplied:	Yes/No
3) L Forms & Registers supplied:	Yes/No

plied

2) By State Government

Lab Consumables

1. Supplied 1)

2)

3)

2. Purchased. 1)

2)

3)

Office Equipments

a) Supplied 1)

2)

3)

b). Purchased. 1)

2)

3)

c) Physical verification of stock : Office/Laboratory

- VII 1). No. of Sub-Centers
- No. of Sub-Centers
  - No. of Sub-Centers
  - No. of Sub-Centers
  - Reasons for not reporting :
- Reporting Centers:  
-Reporting Regularly:  
-Reporting irregularly:  
-Not reporting:
- 2) No of PHCs and other Hospitals reporting :
- No of PHCs and other Hospitals not reporting :
  - No of PHCs and other Hospitals not reporting Regularly :
  - No of PHCs and other Hospitals not reporting Reasons for not reporting-
- 3) No. of Laboratories sending Laboratory forms
- No. of Laboratories and other hospitals not Reporting :
  - No. of Laboratories and other hospitals not reporting regularly :
  - No. of Laboratories and other hospitals not reporting reasons for not reporting :
- VIII Microbiologists performance :
- XI Entomologists performance :
- X Report & Analysis sent regularly : Yes/No





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a) ~~Whether cash book maintained upto date~~

b) Whether U/C & FMR/SOE sent to SSO  
Regularly. :

c) Last audit conducted and audit report  
Sent to SSO :

Sl No	Designation & Type of inspection to be carried out	PHIO/JDTBO/VDL	Dist. H&F W O's (29)	Dist Hospi (24)	100 Bedded Hosps (176)	CHC/ TLHs (325)	HFWT Cs(4)	DTC's (19)	LHVT Cs(4)	ANM TCs(19)	PHC's (2195)	SCs/ 8143 VHSC 20000	AR TC 24	ICT C/ 565	DSU 's 29	Dist.H ealth Society	UF WC' s (200)	Remark
1	<b>COMMISSIONER, H&amp;FW</b>																	
	A.Detailed Annual	PHIO-01	2	1	1	2	1	-	-	-	4	2-2	1	2	1	1	1	
	B.Cursory	JDTBO-01	1	1	-	1	-	-	-	-	1	1-1	1	4	-	1	1	
	C. Surprise	VDL-01	1	1	-	2	-	-	-	-	1	1-1	-	2	-	-	2	
2	<b>DIRECTOR, H&amp;FWS</b>																	
	A.Detailed Annual	PHIO-01	2	1	1	2	1	1	1	-	4	2-2	1	2	1	1	1	
	B.Cursory	JDTBO-01	1	1	-	1	1	1	1	-	4	1-1	1	4	-	1	1	
	C. Surprise	VDL-01	1	1	-	1	1	1	1	-	4	1-1	-	2	-	1	1	
3	<b>PROJECT DIRECTOR (RCH)</b>																	
	A.Detailed Annual		8	1	1	2	1	1	2	2	8	10-10	2	8	1	1	10	
	B.Cursory		2	1	-	1	1	1	1	1	4	4-4	4	8	1	1	6	
	C. Surprise		2	1	-	1	1	1	1	1	4	4-4	-	-	-	1	6	
4	<b>ADDITIONAL DIRECTOR'S-3</b>																	
	i) KSAPS		4	1	1	2	2	1	1	2	4	10-10	2	8	1	1	6	
	A.Detailed Annual		2	1	-	1	1	1	0	1	1	1-1	2	8	1	1	6	
	B.Cursory		2	1	-	1	1	1	1	1	1	1-1	2	8	1	1	6	
	C. Surprise																	
	II) ADPHC																	
	A.Detailed Annual	JDTBO-01	4	1	2	4	-	1	-	1	15	10-10	2	8	1	1	6	
	B.Cursory	PHIO-01	2	1	1	4	-	-	-	-	9	25-25	2	8	1	1	6	
	C. Surprise	VDL-01	2	1	1	4	-	-	-	-	9	25-25	2	8	1	1	6	
	III) AD CMD																	
	A.Detailed Annual	VDL-01	3	-	1	2	-	1	-	-	8	10-10	2	8	1	1		
	B.Cursory		1	-	-	2	-	-	-	-	8	2-2	2	8	1	1		
	C. Surprise		2	-	-	3	-	-	-	-	8	2-2	2	8	1	1		

Sl No	Designation & Type of inspection to be carried out	PHIO/JDTBO/VDL	Dist. H&FW O's (29)	Dist Hospi (24)	100 Bedded Hosps (176)	CHC/ TLHs (325)	HFWT Cs(4)	DTC's (19)	LHVT Cs(4)	ANM TCs(19)	PHC's (2195)	SCs/ 8143 VHSC 20000	ART C 24	ICT C/ 565	DSU 's 29	Dist.He alth Society	UF WC' s (200)	Remark
5	<b>JOINT DIRECTORS</b>																	
	<b>1 RCH</b>																	
	A.Detailed Annual		1	1	-	2	-	-	-	-	12	12-12	1	10	2	1	8	
	B.Cursory		1	1	1	4	-	-	-	-	-	12-12	1	10	2	1	8	
	C. Surprise		1	1	1	4	-	-	-	-	-	4-4	1	10	2	1	8	
	<b>2.CMD</b>																	
	A.Detailed Annual		1	1	1	2	-	1	-	1	15	12-12	1	10	2	1	8	
	B.Cursory	VDL	1	1	-	2	-	-	2	5	2	12-12	1	10	2	1	8	
	C. Surprise	VDL	1	1	-	3	-	-	2	5	2	4-4	1	10	2	1	8	
	<b>3 HET</b>																	
	A.Detailed Annual		3	3	-	2	-	4	-	4	12	12-12	1	10	2	1	8	
	B.Cursory		1	1	-	2	-	2	-	5	5	12-12	1	10	2	1	8	
	C. Surprise		1	1	-	2	-	2	-	5	5	4-4	1	10	2	1	8	
	<b>4 Medical</b>																	
	A.Detailed Annual		2	6	-	2	-	-	-	2	2	12-12	1	10	2	1	8	
	B.Cursory		1	6	2	2	-	-	-	-	2	12-12	1	10	2	1	8	
	C. Surprise		1	6	2	2	-	-	-	-	2	4-4	1	10	2	1	8	
	<b>5 Ophth</b>																	
	A.Detailed Annual		1	2	1	2	-	-	-	-	2	12-12	1	10	2	1	8	
	B.Cursory		1	1	-	-	-	-	-	-	2	12-12	1	10	2	1	8	
	C. Surprise		1	1	-	-	-	-	-	-	2	4-4	1	10	2	1	8	
	<b>6 TB</b>																	
	A Programme Officers		1	1	1	2	-	-	-	-	2	12-12	1	10	2	1	8	
	B.Cursory		1	1	1	-	-	-	-	-	2	12-12	1	10	2	1	8	
	C. Surprise		1	1	1	-	-	-	-	-	2	4-4	1	10	2	1	8	
	<b>7 NLEP</b>																	
	A.Detailed Annual		1	1	1	2	-	-	-	-	2	12-12	1	8	2	1	8	
	B.Cursory		1	1	1	-	-	-	-	-	2	12-12	1	8	2	1	8	

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	<b>8 IEC</b>																	
	A.Detailed Annual		2	-	-	3	-	2	-	-	2	-	-	-	-	-	-	-
	B.Cursory		2	-	-	3	-	2	-	-	2	-	-	-	-	-	-	-
	C. Surprise		2	-	-	8	-	2	-	-	2	-	-	-	-	-	-	-
	<b>9 H&amp;P</b>																	
	A.Detailed Annual		1	1	1	-					4	12-12	1	10	1	1	4	
	B.Cursory		-	1	-	4					4	12-12	1	10	1	1	4	
	C. Surprise		-	1	1	4					4	4-4	1	10	1	1	4	
	<b>10 PHI</b>																	
	A.Detailed Annual		1	1	1	-					4	12-12	1	10	1	1	4	
	B.Cursory			1	-	4					4	12-12	1	10	1	1	4	
	C. Surprise			1	1	4					4	4-4	1	10	1	1	4	
	<b>11SIHFW</b>																	
	A.Detailed Annual		1	1	1	-					4	12-12	1	10	1	1	4	
	B.Cursory		-	1	-	4					4	12-12	1	10	1	1	4	
	C. Surprise		-	1	1	4					4	4-4	1	10	1	1	4	
	<b>12KHSDP</b>																	
	A.Detailed Annual		1	1	1	4					4	12-12	1	10	1	1	4	
	B.Cursory		-	1	-	4					4	12-12	1	10	1	1	4	
	C. Surprise		-	1	1	4					4	4-4	1	10	1	1	4	
6-A	<b>Deputy directors(All)</b>																	
	A.Detailed Annual				3	5		1	1	1	10	20-20	2	20	2	2	8	
	B.Cursory		3	2	3	5	1	1		1	10	20-20	2	20	2	2	8	
	C. Surprise		3	2	3	5	1	1			10	20-20	2	20	2	2	8	
6-B	<b>DH&amp;FWO-29</b>																	
	A.Detailed Annual		-	-	-	6	-	-	-	-	12	30-30						
	B.Cursory		-	-	3	2	-	-	-	-	15	28-28		4	1	-	2	
	C. Surprise		-	-	3	2	-	-	-	-	15	28-28		4	1	-	2	
7	<b>Programme Officers29X4</b>																	

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	B.Cursory		-	1	2	2	-	-	-	-	8	25-25	-	-	-	-	-	-
	C. Surprise		-	1	2	2	-	-	-	-	10	20-20	-	-	-	-	-	-
<b>Taluka Offices-176</b>																		
	A.Detailed Annual		-	-	-	-	-	-	-	-	3	20-20	-	2	-	-	-	-
	B.Cursory		-	-	-	-	-	-	-	-	2	10-10	-	1	-	-	-	-
	C. Surprise		-	-	-	-	-	-	-	-	10	20-20	-	1	-	-	-	-
<b>PHCMOs-1679</b>																		
	A.Detailed Annual		-	-	-	-	-	-	-	-	-	5-5	-	-	-	-	-	-
	B.Cursory		-	-	-	-	-	-	-	-	-	8-8	-	-	-	-	-	-
	C. Surprise		-	-	-	-	-	-	-	-	-	5-5	-	-	-	-	-	-

CHECK LIST FOR  
ANNUAL INSPECTION OF  
HEALTH & FAMILY WELFARE DEPARTMENT OFFICES/HOSPITALS &  
OTHER HEALTH CARE DELIVERY INSTITUTIONS SURVEILLANCE  
CENTERS & TRAINING CENTRES OF THE STATE.

1. NAME OF THE INSTITUTION

- i) Taluk
- ii) Districts

2. DATE OF INSPECTION

TIME OF COMMENCEMENT

TIME OF CLOSING.

3. NAME & DESIGNATION OF THE INSPECTING OFFICER:

Minimum time required for proper inspections, physical verification and discussion; 4 to 6 hours or more depending on the size of the institution and transaction.

---

**GENERAL**

Details of the Last Annual Inspection:

1. Date:

2. Name & Designation of the Inspecting Officer:

3. Names of the Officers-in-charge since last inspection with date:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. What were the important observations made in the previous inspection?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

aken on each previous observation and its outcome?

If "No" give reasons

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## II CURRENT INSPECTION DETAILS:

1. Is the prescribed "Minute Book" maintained & recorded periodically? Has adequate action & follow-up on the minute taken promptly

YES/NO/NA(Not Available)

2. If "No" reasons for same:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## III STAFF:

1) Details to be obtained as a separate enclosure during visit which will save time for inspection.

- Training Status
- Qualification and specialty

2) No of Contractual and manpower agency Staff working Details obtain as a separate enclosure during visit which will save time for inspection.

1) Whether any sanctioned posts are vacant since the previous year?

YES/NO

2) If yes, whether action had been initiated by the head of the institutions to fill these?

YES/NO

the following:  
 ned under various budget heads

- Categories:
  - ii) Incumbents in position.
  - iii) Vacanciesí í í í í í í í date from which post had been vacant (This is list is to be enclosed with the Annual Inspection Report).

4) Are there any cases of un-authorized absence?( Officers and Staff)  
 Reported/Not reported

- i) If öYesö how many were on unauthorized absence YES/NO
- ii)Whether any action has been initiated
- iii)If öYesö details should be noted chronologically in a separate statement YES/NO

**IV FACILITIES:**

1. Building:

- i) Whether the building is own? YES/NO
  - If öYesöwhether concerned documents are in possession and maintained.
  - If öNoö details of the present building.
    - a)Whether donated
    - b)On rent
    - c)Temporarily provided by the community
    - d)Who maintains property documents register?
- ii) Year in which it was established?
- iii) Whether the building has a compound? YES/NO



Conditions of the building?

- a) Good
- b) Bad
- c) Poor

v) When were the last annual repairs of the building undertaken-Month & Year

a) Whether adequate budget available for repairs, if not how to get it repaired.

b) Any additions/alterations required? YES/NO

(from functional point of view)

d) Any portion of the building still under construction and since when?

If öYesö when well it be complete? YES/No

vi) Whether building is adequate for services?

vii) Whether building and surrounding are clean?

a) List of Residential accommodation YES/No

Name & Designation of Officer	Rent/free	Occupied/not occupied
-------------------------------	-----------	-----------------------

If öNot Occupiedö reasons and action taken to occupy.

Total Rentals expected	Recovered	Not recovered
------------------------	-----------	---------------

Reasons for Not recovering & disciplinary action intimated.

viii) How is the Hospital waste disposed at present?

- a) Land filling
- b) Deep burial after disinpection
- c) Incineration

ix) Are the colour coded disposal bins supplied?

YES/NO

- \_\_\_\_\_ beds,  
Medical\_\_\_\_\_beds, others\_\_\_\_\_beds
- ii) Female ward:Surgical\_\_\_\_\_beds,  
Medical\_\_\_\_\_beds .
- iii) Maternity ward: General\_\_\_\_\_beds.
- iv) Children: General\_\_\_\_\_beds.
- v) Special Wards\_\_\_\_\_beds.
- vi) Other categories(specify)a)\_\_\_\_\_beds  
b)\_\_\_\_\_beds (c)\_\_\_\_\_(beds)  
d)\_\_\_\_\_beds.
- vii) Are instruments/equipment/beds and linen adequate or have to be replaced (missing or broken)? What action has been taken so far? Enumerate by priority list of things immediately needed.
- a) Instruments
  - b) Equipments
  - c) Bed and Linen
- viii) Whether stock book has been properly maintained-ward-wise/room-wise?
- a) Instruments YES/NO b) Beds & Linen YES/No
  - (c) Furniture YES/No

er, electricity & Drainage:  
 s adequate water-supply?

- ii) What is the source:
  - a) Well
    - Protected
    - Unprotected
  - b) Tap
  - c) Bore-well
  - d) Bore-well with pump
- iii) Is there a good drainage system?
- iv) Is there electric facility available in all the areas? YES/NO
- v) is there any alternate source of electricity (generator.etc) YES/No
- vi) is there Telephone provided?(what's the number) YES/No
- vii) If e-mail available take e-mail ID

Action already initiated to correct the difficulties. Suggestion made to set right the deficiencies.

**4. Equipment & Instrument:**

I. Does the institutions have the essential equipment in adequate quantity and in working condition for conducting:

a) Deliveries: (eg. Mackintosh.Kelly;s pad, bucket, resuscitation kit, suction apparatus, mucus sucker, baby table with lamp/heater, baby weighing machine) Adult and infant resuscitations kits.

a)Tubectomy : YES/NO/NA  
                   : Laprascopic YES/NO/NA

b) Vesectomy:Conventional YES/NO/NA  
                   : NSV YES/NO/NA

c) M.T.P YES/NO/NA

ns:Specify:

- f) Post-Mortem YES/NO/NA
- g) Is there a mortuary? YES/NO/NA
- h) Is there a morgue? YES/NO/NA
- g) Immunization-Cold Chain Equipment:
  - ILR:Working YES/NO/NA
  - Deep Freezer: Working YES/NO/NA
  - Walk-in-Cooler: Working YES/NO/NA
  - Voltage Stabilizer : Working YES/NO/NA

Operationa Theatre:

1.	a) Good (not adjacent to an infective room)	b) Bed(When located next to ward/toilet, etc)
2.	Whether is according to the approved plan?	YES/NO/NA
3.	How many O.T. s are present?..... a) No. of O.T.ø not functioning b) No. of O.T.ø functioning í í í .& since when?.....	
4.	When was fumigation last done in each the O.T.ø	
5.	Do the O.Tø have the required Anaesthetic Equipment?	YES/NO
6.	If there a Central Sterilising Unit If øYesö is it functioning at present	YES/NO YES/NO
7.	Have indent for equipment and instruments for O.T.placed last year? YES/NO	
8.	Any body is entrusted with the maintenance of O.T. register? YES/NO	
9.	Is Oxygen being supplied regularly? YES/NO	

	beds & linen are inadequate or to be replaced, what action has been taken?	
11	Whether main stock book and sub stores tock have been properly maintained or not ward wise/room-wise: a) instruments YES/NO ii) beds/linen YES/NO iii) furniture YES/NO	YES/NO

6. Is there satisfactory accommodation for

- a) Duty Doctors YES/NO/NA
- b) Nurses retiring room YES/NO/NA
- c) Storing condemned linen equipment etc., YES/NO/NA

7. Details of Staff Residential quarters:

- | Available   | Occupied/unoccupied | Not available under construction |
|---|---------------------|----------------------------------|
| a) Existing & fit for Occupation  |                     |                                  |
| b) Existing but unfit for occupation (lack of amenities/repairs required) |                     | not planned                      |
| i) Medical Officers   |                     |                                  |
| ii) No. of nursing staff  |                     |                                  |
| iii) No. of other staff   |                     |                                  |
| iv) No. of Govt. quarters are on rental basis                             |                     |                                  |
| v) How many are free quarters?  |                     |                                  |

8. Is there is a dressing Room

- a) is it adequately equipped? YES/NO/NA
- b) is it clean? YES/NO/NA

9. Family Planning

- a) Whether Separate beds are there for Family Planning YES/NO/NA
- b) Whether checkup are conducted regularly? Reasons for No? YES/NO/NA

- i) No. of vehicles \_\_\_\_\_
  - a) Diesel \_\_\_\_\_
  - b) Petrol \_\_\_\_\_
- ii) No. of vehicles on road: \_\_\_\_\_
- iii) No. of vehicles under repairs/condemned
- iv) whether appropriate action has been initiated YES/NO
  - a) If . yes, when dd-mm-yy
  - b) If No, reasons for the same
- v) Type of Vehicle.
- vi) is the log book maintained properly & checked regularly? YES/NO
- vii) whether the vehicles are currently covered by insurance? YES/NO
- viii) whether the drivers have a valid driving license? YES/NO
- a) any vehicles met with an accident when and what action taken YES/NO
- ix) Is there is garage for parking of vehicles YES/NO
- ix) whether the vehicles/are registered under the name of the institutional headsö YES/NO
- if öNoö reasons for same and what action has been initiated? YES/NO
- x) Whether the vehicle has been provided by Government of India or Government of Karnataka or by any externally aided projects.
- xi) Whether the vehicle had been deputed to other departments or ZPøö
  - if öYESö
  - a) Where YES/NO
  - b) When 

Name of the Officer/Department	From	To
Under whose custody it was/is	dd-mm-yy	dd-mm-yy

    - 1)
    - 2)

- xii) is there a Driver without a vehicle? YES/NO
- xii) is there a vehicle without a driver? YES/NO
- xiii) whether an ambulance has been provided? YES/NO
- xiv) If "Yes" what was the rate charged during this financial year?
- a) Whether POL consumption worked out for each vehicle?
- b) Is there any vehicle consuming more POL due to age of the vehicle?

**6. Audio Visual-Aids:**

- a) O.H. screen YES/NO if yes, no. of time used during this year \_\_\_\_\_
- b) Slides/strip projector YES/NO if Yes, No. of times used during this year \_\_\_\_\_
- c) Public address system YES/NO if yes, No. of times used during this year \_\_\_\_\_
- d) No. of Video Cassettes provided \_\_\_\_\_  
If yes, No. of times used during this year \_\_\_\_\_
- e) Any others specify \_\_\_\_\_ .TV.Tape recorder, Radio V.C.R.etc.,
- f) Has a Mass-media vehicle been provided for I.E.C activities Yes/No/NA

**RNTCP**

- a. No. of Sputums tested \_\_\_\_\_
- b. No. of AFB Positive \_\_\_\_\_
- c. No. put on DOTS treatment \_\_\_\_\_
- d. No. defaulted \_\_\_\_\_ and action taken \_\_\_\_\_
- e. Stock of drugs \_\_\_\_\_adequate/not adequate
- f. Quarterly reports sent \_\_\_\_\_ Y/N
- g.

**Blindness control programme**

- a. No. of cataract Surgeries done \_\_\_\_\_
- b. No. of SES done \_\_\_\_\_

Under SES \_\_\_\_\_ spectacles given

- d. No. of eyeballs donated \_\_\_\_\_
- e. Mobile ophthalmic van \_\_\_\_\_ existing/non-existing

### DISTRICT HEALTH SOCIETY

- a. No. of General body meetings held ó 2006-07 \_\_\_\_\_  
2007-08 \_\_\_\_\_  
If not held reasons \_\_\_\_\_
- b. No. of Executive committee meetings held ó 2006-07 \_\_\_\_\_  
2007-08 \_\_\_\_\_  
If not held reasons \_\_\_\_\_
- c. Do District Mission-Director/Programme  
Officer/ exercises their powers \_\_\_\_\_ Y/N  
as per delegation of powers?
- d. Fund released to  
VHSCS \_\_\_\_\_  
SCS \_\_\_\_\_  
PHCø \_\_\_\_\_  
CHCø \_\_\_\_\_  
DHø \_\_\_\_\_  
If not released reasons \_\_\_\_\_
- e. SOEø and vouchers submitted by  
VHSCS \_\_\_\_\_  
SCS \_\_\_\_\_  
PHCø \_\_\_\_\_  
CHCø \_\_\_\_\_  
DHø \_\_\_\_\_
- f. Auditing of accounts got done and report sent ó 2006-07 \_\_\_\_\_  
2007-08 \_\_\_\_\_

### ART CENTRE

- a. Location \_\_\_\_\_ well located /not well located
- b. Accommodation \_\_\_\_\_ Adequate/inadequate
- c. Infrastructure  
Amount spent \_\_\_\_\_ Y/N



f no reasons \_\_\_\_\_  
ting \_\_\_\_\_ Y/N

e. Staff position

Designation	Sanction	Working	Vacant

- f. Daily load of patients \_\_\_\_\_  
No. per month \_\_\_\_\_
- g. No of patients registered \_\_\_\_\_
- h. No on treatment \_\_\_\_\_
- i. No of Defaulters \_\_\_\_\_  
Action taken \_\_\_\_\_
- j. Stock of Drugs \_\_\_\_\_ Adequate/inadequate
- k. Stock of testing kits Adequate/inadequate

### ICTC [Integrated Counseling and Testing centre]

- a. Adequate and separate accommodation  
Provided for counsellor /LT \_\_\_\_\_ Y/N
- b. Name board existing \_\_\_\_\_ Y/N
- c. Sign Boards put \_\_\_\_\_ Y/N  
Infrastructure amount spent  
Properly and SOE sent? \_\_\_\_\_ Y/N  
If no reasons for the same
- d. No. of Counsellors working \_\_\_\_\_ 2/2
- e. L.T. working \_\_\_\_\_ Y/N
- f. Daily load for counsellor \_\_\_\_\_ Adequate/non-adequate
- g. Daily load for LT \_\_\_\_\_ Adequate/non-adequate
- h. Register with counsellor  
ó Counselling register \_\_\_\_\_ Pre/Post \_\_\_\_\_ Y/N
  - PID register \_\_\_\_\_ Y/N
  - Referral register \_\_\_\_\_ Y/N

\_\_\_\_ Y/N

\_\_\_\_ Y/N

- Stock register \_\_\_\_\_ Y/N
- i. Register with L.T \_\_\_\_\_
- j. Stock of kits \_\_\_\_\_
- k. Weekly community visits undertaken by counsellor \_\_\_\_\_ Y/N  
If Yes \_ Number  
If No ó Details
- l. Any short ó coming that can be highlighted \_\_\_\_\_ Y/N  
If Yes \_ No  
If No ó reasons

**7. Library:**

- i) Is there a library in the institution? YES / NO /NA
- ii) Is there a librarian posted in the library? YES / NO /NA
- iii) No. of Books in the library?
- iv) Whether the books are properly maintained & accounted YES / NO /NA
- v) Whether subscribing to important periodicals and journals? YES / NO /NA
- vi) any addition as to the library during the year?

**8. Laboratory:**

- i) Is there a laboratory YES / NO /NA
  - a Clinical YES / NO /NA
  - b Pathological YES / NO /NA
  - c Bacteriological YES / NO /NA
- ii) Is there a trained laboratory technician ? YES / NO /NA
- iii) Is the laboratory functioning effectively? YES / NO /NA

- v) Is it adequately equipped to conduct routine bed-side investigation on a daily basis? YES / NO /NA
- vi) Are the following provided and in working condition now?
- a Microscope YES / NO /NA
  - b Westgren's tubes (ESR) YES / NO /NA
  - c Test tubes YES / NO /NA
  - d Sahli's Haemoglobinometer YES / NO /NA
  - e Glass slides / Cover Slips YES / NO /NA
  - f Centrifuge YES / NO /NA
  - g Reagents / Stains YES / NO /NA
- vii) How is the laboratory waste disposed?
- a Colour coded bin? YES / NO /NA
  - b Deep burial pit? YES / NO /NA
  - c Land-fill? YES / NO /NA
  - d Thrown out of the window YES / NO /NA
- viii) Daily performance maintained YES / NO /NA
- a Any blood smears tested for MP YES / NO /NA
- If "Positive" what action has been taken?
- ix) Whether a Blood Bank is present?
- a Whether licensed? YES / NO /NA
  - b Whether functional? YES / NO /NA

**OUT-PATIENT:**

1.

a) Daily average attendance in the O.P.D. during the current year

M	F	C
í	í	í

b) Last financial year

M	F	C
í	í	í

c) Year before last year

M	F	C
í	í	í

2. Reason/s for variations if any:

---

3. What were the most common diseases observed during the previous year?

a) í í í í í í í    b) í í í í í í í í    c) í í í í í í í í    d) í í í í í í í í

4. What extra facilities are required to the institution for treating such cases?

a) í í í í í í í    b) í í í í í í í í    c) í í í í í í í í    d) í í í í í í í í

5. No. of outpatient cases treated due to

a) Accidents: í í ..í í í    b) Snakes bites: í í í í í í í    c) Poisoning: í í í í í ..  
 d) Other emergencies: í í í í í í í

**B. In-patients:**

1. How many labour cases were conducted in the institutions?

- i) Current year till date.
- ii) Last financial year: í í í í í í í .
- iii) Year before last year : í í í í í í í

2. How many complicated cases were conducted last year? í í í í í í í .

3. How many case are referred? í í í í í í í í

4. How many elective / emergency caesarians conducted? í í í í í í í í ..

5. MTP:

a. How many MTPs were conducted during the year?

Conducted by MTP trained Staff?

c. Is the institution recognized for conducting MTPs?

YES/NO/NA

d. Whether books on MTP act are available in the institution?

YES/NO/NA

## VI OFFICE MANAGEMENT:

### A. Administration:

1. Has the Organization chart been displayed? YES/NO/NA  
Plan and Non-plan
2. Whether the Govt. orders for the sanctioned post are available? YES/NO/NA
3. Whether Continuation orders have been received or not? YES/NO/NA
4. Is the line of Supervision well co-ordinated YES/NO/NA
5. Is the attendance register being checked regularly YES/NO/NA
6. Is the roster maintained properly YES/NO/NA
7. Whether the circular file maintained YES/NO/NA
8. Whether the Govt. orders file maintained YES/NO/NA

### B. OFFICER-PROCEDURES:

1. Are the office procedures being following according to the handbook? YES/NO/NA
2. Are the prescribed registers / records maintained properly? YES/NO/NA
3. a) Are the Service Registers being maintained properly & updated? YES/NO/NA  
b) Are the shadow SR register maintained? YES/NO/NA



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DCRG, Exgratia details sent regularly within YES/NO/NA

- 5. At the time of inspection, any pending files? YES/NO/NA
- 6. a) Having the staff filed the a Sets & Liabilities? YES/NO/NA  
 b) Whether CRs of staff writer ? YES/NO/NA
- 7. Was an Annual Action ó Plan programme-wise drawn? YES/NO/NA
- 8. a) Status reports of each  
 b) Pending files with higher officers and duration
- 8. Concurrent evaluation of programmes to be enclosed and corrective measures taken.

**C. ACCOUNTS & AUDIT:**

- 1. Is the Case book maintained properly and updated? YES/NO/NA
- 2. Is a cash chest available? YES/NO/NA
- 3. Is the Stamp-register maintained properly? YES/NO/NA
- 4. Is the inward and outward register maintained? YES/NO/NA
- 5. Is the Pay Bill & Acquaintance Register maintained properly? YES/NO/NA
- 6. Whether clearance of NDC bills is up-to-date?** YES/NO/NA

7. If òNoö reasons for same:  
 a) í í í í í í í í í .. b) í í í í í í í í í .. c) í í í í í í í í í ..

8. When was the last audit done? í í í í í í í í í í

- 9. a) Any audit notes are pending YES/NO/NA  
 b) Any reply pending for audit observations? YES/NO/NA

tion is done in treasury and submitted to higher  
YES / NO/NA

11. Whether expenditure statement after reconciliation has been submitted?  
YES/NO/NA

12. Whether SOE for untied / maintenance funds under NRHM and society  
sent?  
YES/NO/NA

## VII ESSENTIAL SUPPLIES:

### A DRUGS STORES:

1. Whether location of the stores is satisfactory? YES/NO/NA
2. Whether there is a trained person in charge of the Drug stores? YES/NO/NA
3. a) Whether the Stock registers are maintained properly? YES/NO/NA  
b) Time barred drug registers maintained properly? YES/NO/NA  
(Enclose the list of registers maintained)
- a) YES/NO/NA
- b) YES/NO/NA
- c) YES/NO/NA
- d) YES/NO/NA
4. Whether annual verification stores was done? YES/NO/NA
5. Whether allocated budget had been fully utilized last year? YES/NO/NA
6. If ðNoö initiate action on the spot. YES/NO/NA
7. Has the institutions sent the indent for drugs to higher authorities --- to be stringently verified. Are the drugs received in accordance with the indent?  
YES/NO/NA

been received from GOI / Externally aided  
 • Anti tubercular drugs, IFA, DD Kits, ANM  
 Kits etc.,

YES/NO/NA

**V. STATIONERY:**

1. Is there adequate stock of stationery forms? YES/NO/NA

2. Any additional inputs required by the institution? YES/NO/NA

**VII TRAINING:**

**TRAINING CENTRE:**

1. Is there a building available for conducting training? YES/NO/NA

2. Staff position (please enclose list of all the staff) Training status of the faculty

3. Are A-V aids available in the institution? YES/NO/NA

a. If Yes name them

b. Give a list of the essential A-V aids needed I:

4. Has a vehicle been provided exclusively for field visits? YES/NO/NA

**IX EPIDEMICS AND EMERGENCIES:**

1. a) No. of outbreaks during the last year.

b) Whether epidemic register / Chart maintained / spot map  
 YES/NO/NA

2. What were the outbreaks? Tick the appropriate one

a) G.E. b) J.E. c) Dengue fever d) Measles e) Malaria f) Any other

3. Were they reported to the concerned authorities promptly? YES/NO/NA

4. a) What was the mode of transmission and whether control measures  
 were taken timely, was it verified? YES/NO/NA

b) Whether lab investigation undertaken for a) water samples b) blood

c) Vector study

c) Results?



... measure were taken?

6. Were the drugs and chemicals supplied during the outbreak adequate?  
YES/NO/NA

7. If òNoö what action was taken to procure them locally / other wise

8. What measures has been taken to prevent recurrence

9. Were there any natural calamities / disasters during last year?  
YES/NO/NA

10. Brief comment on adequacy of services.

11. RNTCP

12. Blindness control programme.

13. AYUSH department.

14. Functioning of ARS

15. Activities under PPP, PHCF, SICF

16. Scheme under NRHM

a) í í í í í í í b) í í í í í í í í í . C) í í í í í í í í í .. d)  
í í í í í í í

e) í í í í í í í f) í í í í í í í í í .. g) í í í í í í í í í .. h)  
í í í í í í í

i) í í í í í í í j) í í í í í í í í í .. k) í í í í í í í í í .. l)  
í í í í í í í

**X MISCELLENOUS**

1. Whether the DH & FWO are conducting meetings regularly?  
YES/NO/NA

2. Any other problems not envisaged here:



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4. Problems/observations which need immediate attention on priority to Attention of the office/officers/authority.

i) Problems/ observations

ii)

iii)

iv)

5. Brief comments on previous audit/annual inspection by AG/Higher office.

Over all the impression / suggestions

Actions to be initiated.

Signature



- \_\_\_\_\_
- \_\_\_\_\_

3. List to be collected of the following:

i) Post sanctioned under various budget head

**COMMENTS ON THE:**

- Cleanliness of the Hospital : Satisfactory / Unsatisfactory / Poor
- Drug Position: Satisfactory / Unsatisfactory / Poor
- In the PHC Lab. Any pending investigations? Satisfactory / Unsatisfactory / Poor
- Blood smear pending?
- R.T. pending?
- Any case of AFP reported ó Action taken
- Whether Medical Officers are staying in Head quarters
- Whether other staff are staying in quarters, if nor name the officers

- Whether ARV is available? YES / NO
- Whether ASV is available ? YES / NO
- Whether IV fluids are available? YES / NO
- Whether ORS packets are available? YES / NO
- Whether Vaccines are available? YES / NO
- Whether atropine injection are available? YES / NO
- If yes, quantity available?
- No. of deliveries conducted during Previous year / average per month



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- No. of Sputums taken
- No. of Blood Smears taken

ected at PHC Previous year / average per month  
Previous year / average per month  
Previous year / average per month  
Previous year / average per month

**SUB-CENTRE INSPECTION CHEK-LIST FOR ALL OFFICERS OF  
THE DEPARTMENT INCLUDING DISTRICT HEALTH  
SUPERVISORS.**

**PART-I**

**SUB-CENTERS JUNIOR HEALTH ASSISTANT (FEMALE)**

1. Name of the Primary Health Centre : Sub-centre : í í í í í í í í .  
Village : í í í í í í í í í í .  
Population : í í í í í í í í í í .
2. No. of villages :
3. Name of the Officials In charge :
4. Name & Designation of the Inspecting : Date:  
Officers / Supervisors Time:
5. Date since: working : Qualification :  
Training undergone :
  - a.
  - b.
  - c.
6. Sub-centre Building : OWN / RENTED / OCCUPIED /  
NOT OCCUPIED
7. Condition : GOOD / BAD  
If bad (What are the repairs) required:
  - Toilet
  - Type of Building
  - Type of Repair needed
  - Electricity
  - Water Supply

8. Condition of clinic room being used / not in use. If not being used how it is being used

9. If used what are the activity:

- Health Equipment Materials Exhibited / Not Exhibited
- Delivery conducted / Not conducted
- Group Meeting being held / not held
- Clinic conducted / not conducted
- Drugs and equipments stored properly / not properly stored.

10. Does the S.C. has equipments like:

- Delivery Table
- Delivery Kit
- Weighing equipments
- B.P. Apparatus / Stethoscope
- Kerosene stove / electric Stove
- Sterilizer
- Disposable Home Delivery Kit
- ORS
- Nirodh
- Slide Box
- IUD Kit
- Others

## II. DRUGS:

- Whether SC minor ailment drugs available?
- When last supplied ó Sufficient / insufficient
- If insufficient, list of such drugs and equipments required.
- Whether the following register / records maintained?
  - i. Diary : YES / NO
  - ii. EC Register : YES / NO
  - iii. ANC register : YES / NO
  - iv. Births and Death : YES / NO
  - v. Immunization register : YES / NO

- register : YES / NO
- vii. JST register : YES / NO
- viii. Untied funds register : YES / NO
- ix. VHSC register : YES / NO
- x. ASHA register : YES / NO
- xi. VHSC meeting proceedings register : YES / NO
- xii. Other : YES / NO

III. Family Welfare Beneficiaries: 1    2    3    4

1. Name :
2. Children
3. Type of Family Welfare method followed
4. Satisfied / not satisfied with services of HA (F)
5. Whether the service is regular / not regular  
    problem expressed by the beneficiary

IV IMMUNIZATION (UIP)

- a) Name :
- b) Age :
- c) Whether immunized with : Given / Not Given
  - BCG :
  - DPT :
  - Polio :
  - Measles :
  - Hepatitis-B :

as written in the register
- d) IFA (c) : Given / Not Given

- V. a. How many schools have been visited?
- b. How many Health Education classed conducted?
- c. How many DT given?  
    Whether the observation made by cross-checking  
    One of the School corroborates with the records
- d. Cross-check at the field / door-step



## ANTENATAL CARE-I

1. Name and Age : \_\_\_\_\_
2. Date of Registration / Duration of :  
Pregnancy at registration
3. IFA : GIVEN / NOT GIVEN  
(if given No. of tablets)  
They have been used or not, if not why?
4. TT given / not given (if not, when will it be given)
5. Where urine and H.B. checked, when and result:
6. How many visiting given
7. Family Welfare methods used / advised:
8. Any risk suspected & referred to hospital  
(No. of HRPs detected)
9. Where the delivery will be conducted: likely place of delivery opted by  
the ANC
10. IFA Mother : Target: Achievement : Remarks:  
Children :  
TT Mother : Target: Achievement : Remarks:

### II FAMILY WELFARE REVIEW:

- Total need identified as per CNA : Achievement : Remarks:
- Sterilization : Laprascopy : Remarks :
- Vasectomy :
- IUD :
- OP :
- CC :
- a. Active Malaria surveillance : Target: Achievement: Remarks:
- b. Positive case treatment : No. of treated : Remarks :

No. of Pending:

**III. HEALTH EQUIPMENT:**

1. Program-wise material supplied:  
 Utilized  
 Comment
  
2. No. of group-talks :  
 Monthly  
 No. of persons attended  
 Subjects covered  
 Comments
  
3. Stock Register of Drugs :
  
4. Inventory Registers of equipments :  
 furniture, books, charts, Health Equipments, materials etc.,
  
5. Perishable article registers :
  - a. Papers :
  - b. Soaps and detergents :
  - c. Disposable kits, etc. :
  
6. a. M.F.- 2 Register :  
 b. Malaria Positive Register :  
 c. RT Register :
  
7. a. Delivery register (Follow-up register) :  
 b. Madilu Kit Register :
  
8. Age at Marriage of (F) register :

**IV PROGRESS REPORT:**

Ante-natal Care Registration : Target : Achievement:  
 Delivery :

Primary Immunization :
 

- BCG
- DPT

- Hepatitis-B
- Booster

**V. MALARIA**

Blood sample collection : Proper / not proper

Radical Treatment : Complete / not Complete

**VI**

1. Check births and deaths registered, :  
note the findings
2. Find out any non-registered events if any, :  
by using appropriate technique and remark
3. Whether the report is being sent to :  
register regularly

**VII.** Enquire regarding any recent epidemics in the :  
village and note the actions taken / to be taken

**VIII** Specific irregularities or problems to be :  
Brought to the attention of the immediate  
controlling officers.

- 1.
- 2.
- 3.

**DIRECTORATE OF HEALTH & FAMILY WELFARE SERVICES  
ANANDA RAO CIRCLE, BANGALORE – 560 009.**

**SUB-CENTRE INSPECTION CHECK-LIST FOR ALL OFFICERS OF  
THE DEPARTMENT INCLUDING DISTRICT HEALTH  
SUPERVISORS**

**PART II**

**SUB-CENTRE JUNIOR HEALTH ASSISTANT (MALE)**

**I.**

1. Name of the Primary Health Centre :
2. No. of sub-centre :
3. Name of the worker :
4. Date of working :
5. Name & Designation of the Inspecting Officer / Supervisor : Time :  
From : To

**II.**

1. No. of villages covered :
2. Population :

**III.**

**1. MAINTENANCE OF REGISTERS & RECORDS**

- MF 61 : YES / NO / NA
- MF 6 2 : YES / NO / NA
- Stock Registers for Drugs : YES / NO / NA
- (Minor ailments)
- Family Welfare : YES / NO / NA
- Births and Death Register : YES / NO / NA
- E.C. Register : YES / NO / NA  
(Extract for NSV motivation)
- DOTS Register : YES / NO / NA

**2. MATERIALS :**

- M slide Box : YES / NO / NA
- Hegadron Needles : YES / NO / NA
- Bleaching Powder : YES / NO / NA
- HE Materials : YES / NO / NA
- Sub-centre / Village Map :

**IV. VILLAGE-WISE, MONTH-WISE BLOOD SMEARS DRAWN & EXAMINED**

- |                              |                                |
|------------------------------|--------------------------------|
|                              | <b>1 2 3 4 5 6 7 8 9 10</b>    |
| ➤ Villages                   | :                              |
| ➤ Population                 | :                              |
| ➤ Blood Samples Drawn        | :                              |
| ➤ Month-wise % to population | <b>: J F M A M J J A S O N</b> |

**POSITIVE CASE REGISTER :**

1. What is the API for S.C. ? :
2. No. of MP cases :

YEAR	TOTAL + VE CASES	P.F	RADICAL TREATMENT GIVEN	TIME LAG

2. DATE OF SPRAY \_\_\_\_\_ .

BRIEF COMMENTS ON INSPECTION OBSERVATION AND SUGGESTIONS / ACTION INITIATED ?

- 1.
- 2.
- 3.

**VI SCHOOL IMMUNISATION :**

1. NO. OF SCHOOLS \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_  
 T.T (10 Years) - Target \_\_\_\_\_ Achievement \_\_\_\_\_  
 \_\_\_\_\_  
 T.T (16 Years) - Target \_\_\_\_\_ Achievement \_\_\_\_\_  
 \_\_\_\_\_

VII. a) Village wise no. of TB cases on DOTS Rx  
 b) No. of defaulters \_\_\_\_\_ Action taken \_\_\_\_\_ .

**VIII. FIELD INSPECTION / SUPERVISION**

1. Whether wall-stenciling is done properly and regularly ? YES / NO
2. Whether Radical Treatment is given on Time ? YES/ NO
3. Whether the Blood samples drawn, represents the population month wise YES / NO

**EPIDEMIC DISEASES**

I.

1. **Water sources :**

- No. of village with Tap water
- No. of village with well water
- No. of village with Bore-well water
- No. of village with Hand-pump water

2. No. of open wells

3. No. in use

3A. No. of ORS Pkts distributed for the year \_\_\_\_\_

ILORINATED :

**5. EPIDEMICS REPORTED DURING THIS YEAR**

		DATE		NO. OF CASES DEATHS
		FROM	TO	
CHOLERA	YES / NO			
GASTRO-ENTERITIS	YES / NO			
JAPANESE ENCEPHALITIS	YES / NO			
DENGUE	YES / NO			
KYASANUR FOREST DISEASE	YES / NO			
HEPATITIS	YES / NO			
ENTERIC FEVER	YES / NO			
CHICKUNGUNYA	YES / NO			

6. Village-wise children statistics :-

- a) No. of anemic children
- b) No. given Fe (small) tasks

7. Village blindness register ó YES / NO

- a) No. of Contaminated cases \_ \_ \_ \_ \_
- b) No. of noted

**FAMILY WELFARE**

- 1. No. of eligible couples on hand :
- 2. No. of following Family welfare methods

**C.P.R.**

METHOD OF STERILIZATION	TARGET	ACHIEVEMENT	PERCENTAGE
I.U.D			
C.C			
O.P			

## HEALTH EDUCATION

1. Posters displayed during the year: YES / NO
2. Pamphlets distributed during the year : YES / NO
3. Schools visited : YES / NO
4. No. of Group discussion held :
5. No. of persons attended :

## TOPICS COVERED

1. Malaria / Dengue / Japanese Encephalitis / Public participation / Others
2. On water borne disease :
  - Total No. of group discussion held :
  - Total No. participated :
3. Family Welfare :
  - Total No. of discussion held
  - Total No. participated
4. Nutrition :
  - Total No. of group discussion held :
  - Total No. participated :
5. No. of Gramsabhas attended
6. a) No. of VHSCs in the SC \_\_\_\_\_  
b) No. of sites for giving technical guidance





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-----  
for Guidance / supervision

over all brief comments on the difficulties/Lapses/good work done

- 1.
- 2.
- 3.
- 4.
- 5.

**HEALTH & FAMILY WELFARE SERVICES**  
**ANANDA RAO CIRCLE, BANGALORE – 560 009.**

**INSPECTION CHECK-LIST OF PRIMARY HEALTH CENTRE**

**PART III**

**I.**

1. Name of the Primary Health Centre : Taluk : \_ \_ \_ \_ \_ District  
: \_ \_ \_ \_ \_

2. No. of village covered : Population : \_ \_ \_ \_ \_.

3. Name of the M O H / L M O : Date since working : \_ \_ \_ \_ \_.

1)

2)

3)

***TECHNICAL AUDIT / INSPECTION***

1. No. of villages covered : Population

2. STAFF :

SL. NO	Name of POSTS	SANCTION ED	WORKING	VACANCY
1.	Medical Officer for Health / Lady Medical Officer			
2.	Health Assistant (Male)			
3.	Health Assistant			

5.	First Division Clerk		
6.	Second Division Clerk		
7.	Pharmacist		
8.	Jr. Health Asst. (male)		
9.	Jr. Health Asst. (Female)		
10.	Group -Dø		

3. No. of SUB-CENTRES BUILDING AVAILABLE :

- MALE
- FEMALE

4. INFRASTRUCTURE

1. BUILDING :

a) Up-keeping of Building :WELL

MAINTAINED/NOTMAINTAINED

b) Premises : CLEAN & TIDY / NOT CLEAN

c) Environment :

I. PARK : YES / NO

II. TREES : YES / NO

III. FOUNTAIN : YES / NO

2. Annual Maintenance : DONE / NOT DONE Date:

3. Bed Strength : MALE : FEMALE : CHILDREN :

4. OPD : PROVIDED / NOT PROVIDED

5. OT : PROVIDED / NOT PROVIDED

6. Laboratory : PROVIDED / NOT PROVIDED

7. Store : PROVIDED / NOT PROVIDED

8. Vehicle Garage : PROVIDED / NOT PROVIDED

: PROVIDED / NOT PROVIDED

10. Compound : PROVIDED / NOT PROVIDED

11. Water Supply : BORE WELL / OPEN WELL / TAP / BORE WITH HAND PUMP

12. Improvement required : OVER HEAD TANK / BORE WELL / OTHER

III.

1. Primary Health Centre Site Document / Survey Document

2. Tax paid receipt / Register :

3. All buildings under PHC Document : MAINTAINED / NOT MAINTAINED

NOT AVAILABLE

4. Residential accommodation :

SL. NO	Name & Designated Quarters	Occupied by the Designated or others & Reason
1.		
2.		
3.		
4.		
5.		

:

SL. NO	Name & Designation	Amount
1.		
2.		
3.		
4.		
	<b>TOTAL</b>	

Action taken to allot quarters by Designated Official and arrangements made for the recovery of rent.

**PERSONNEL STAYING IN THE RESPECTIVE HEAD-QUARTERS**

SL. NO	Name & Designation	Place	YES / NO
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

## PROGRAMMES

### 1. NATIONAL MALARIA CONTROL PROGRAMME :

PERIOD : FROM : TO :

1. Blood Smear Collected : Examined / to be Examined : Positive

MC : B.S.Back-log P.F. \_\_\_\_\_ PV \_\_\_\_\_

Passive :

Active :

Total :

Radical Treatment given within 10 days of Blood sample collection \_ \_ \_ NO.s.

After more than 10 days :

Deaths due to Malaria :

Comments on Malaria Clinic :

Passive and Active surveillance :

Radical Treatment :

Comments on blood samples collection of population of village during each visit of Health Worker (Male)

Comments on wall Stenciling.

Insecticide spray : Type Date of Spray  
1

2

3

Coverage : \_\_\_\_\_%

No. of DDCs in the PHC : Drugs Distributed i.e. 4AQ given

**II. LABORATORY :**

- 1. M.F. 69 : MAINTAINED / NOT MAINTAINED
- 2. M.F. 67 : MAINTAINED / NOT MAINTAINED
- 3. M.C. Register : MAINTAINED / NOT MAINTAINED
- 4. Stain stock Register : MAINTAINED / NOT MAINTAINED
- 5. Micro-slides : MAINTAINED / NOT MAINTAINED
- 6. Thalati chart : MAINTAINED / NOT MAINTAINED
- 7. 4AQ stock Register : MAINTAINED / NOT MAINTAINED
- 8. Other clinical Examination :

A. Urine Test : Total Nos. Up to Date

1. Microscopy

Total Nos. dose

B. Stools :

- 1. Microscopy
- 2. Cyst / OVA

C. Blood :

- 1. T.C.
- 2. D.C.
- 3. E.S.R.
- 4. H.B.%

Total Nos. dose

2. Positive
3. Skin smears No.
4. Positive

**EQUIPMENTS :**

1. Microscope
2. Physical Balance
3. Centrifuge: Hand Operated Mechanical

**IV. PROGRAMMES**

1. Sputum collected \_\_\_\_\_ : No. of ATB Positive \_\_\_\_\_  
from chest symptomatics \_\_\_\_\_
2. Total pts. On \_\_\_\_\_ Pts. On regular treatment
3. Defaulter action taken : i.  
ii.  
iii.

**IV. T.B. Confirmed :**

- Category of treatment : CAT-I \_\_\_\_\_ CAT-II \_\_\_\_\_ CAT-III \_\_\_\_\_
- Stock No. of Drugs : SUFFICIENT / NON SUFFICIENT
- Action taken to procure drugs

**V. LEPROSY :**

ANNUAL CASE DETECTION : TARGET : ACHIEVEMENT %

- i. No. of cases on hand :
- ii. No. on Treatment :

- New cases detected ó women & Children among them
- 
- 

Prevalence rate in the P.H.C.



**DISEASES :**

1. Epidemic Register : MAINTAINED / NOT MAINTAINED
2. Spot map for each epidemic disease : MAINTAINED / NOT MAINTAINED
3. Which is the disease occurred on a :  
epidemic preposition during the year :  
Action taken to control :
4. Level of Community involvement : negative / active / passive

**VII. FAMILY WELFARE & MATERNAL & CHILDREN HEALTH / RCH PROGRAMME PROGRESS**

**METHODS :**

- Sterilisation
- I.U.D
- O.P.C
- C.C

E.C. Survey : DONE / NOT DONE  
Total E.C :

**ANC REGISTRATION :**

POPULATION	TARGET :	ACHIEVEMENT
Within 12 weeks :		
After 12 weeks :		

**ANC SERVICES**

	TARGET :	ACHIEVEMENT
➤ IFA	:	
➤ Urine	:	
➤ H.B. %	:	
➤ B.P. Recording	:	
➤ T.T	:	

## HEALTH EDUCATION

1. No. of posters displayed : SUBJECTS :
  - 1.
  - 2.
2. No. of pamphlets distributed : SUBJECTS :
  - 1.
  - 2.
3. No. of film-shows conducted : SUBJECTS :
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.
4. Group Meeting conducted : No.  
Orientation Trainings conducted :
5. EQUIPMENTS AVAILABLE HEALTH EDUCATION :  
SUPPLIED : CONDITION-IN USE / NOT IN USE
  - 1.
  - 2.
  - 3.
6. Whether P.H.C. Annual Plan has been prepared and got approved by the District Health Family Welfare Society ?  
(which includes, objectives and goals covering physical & financial planning pertaining each programme)
7. Assess if man-power and infrastructure is far in excess than norms fixed by State /  
Central Government.



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\_\_\_\_\_ No. visited by PHC staff \_\_\_\_\_

9. No. of JSY beneficiaries

10. No. of MADILU beneficiaries

11. No. of VHSCs \_\_\_\_\_ No. visited by MO / PHC staff \_\_\_\_\_

Suggestions :

- 1.
- 2.
- 3.

8. Any special problems / pending sanctions which require urgent attention of authorities  
please list out

- 1.
- 2.
- 3.
- 4.
- 5.



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**INSPECTION**

**OF**

**CLINICAL FACILITIES**

**(Components)**

**(30 BEDDED HOSPITAL & ABOVE)**

		Response as on date of visit(Y/N)					
		Date	Date	Date	Date		
a)	<b>RECEPTION COUNTER/ENQUIRY</b>						
i)	Posting of knowledgeable MSW or Staff Nurse as a Receptionst with a board "May I help you? "						
ii)	All sections of the OPD numbered and depicted on flow chart near reception counter						
iii)	Boards indicating days of Special Service and hospital timings near reception counter.						
b)	Regestrion /OPD ticket issuing counter;						
i)	Board indicating Hospital fees for Verious services provided fo OPD * IPD-inptient counter for admission						
ii)	Glowsing with changing messages exhibited at prominent places.						
<b>2 OPD SECTIONS (MOP,SOP,POP,DOP,GyOP) :</b>							
Every OPD section have: separate register for diagnosis, Complete examination tray with BP Apparatus, torch and hammer, X-ray view box, examination table with foot steps, writing table, stool for patients, wash basin, adequate sitting arrangement for waiting OP D Patients, appropriate health Education material displayed. Waste collection, coloured baskets with instructions about the kind of waste to be installed in all the rooms.							
In addition to above,							
<b>Medical OPD :</b> CNS examination tray, tuning fork, ECG Machine							
<b>Surgical OPD:</b> PR examination tray with proctosope and gloves, Kidney trays, Tongue depressor, touch, xylocaine jelly							
<b>Gynae. OPD;</b> PS& PV exam. Tray, IUD try Kidney tray, clean gloves, Weighing machine, pap smear tray, exam. Table with l ithotomy facility, table lamp jelly or cream, torch, view light.							
<b>Pediatric OPD:</b> Paed, Weighing machine, Measuring Tape, Height and Weight scale.							

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	le bins with dressings, lotion.							
	Head light torch ENT instruments tray, antiseptic lotions, tongued depressor, foreign body removal set(nose and ear)							
	<b>DENTAL OPD</b>							
	Dental Surgeon available							
	Apart from dental extraction and scaling other procedures like silver filling, mandibular wiring, dental alignment etc. are done.							
	Efforts made by staff to keep dental X-ray unit motor in order, continuous water supply, staff nurse posting, denture preparation (prosthesis), Biosafety measures adopted etc.							
	<b>DRESSING ROOM</b>							

		Response as on date of visit(Y/N)					
SER.NO.		Date	Date	Date	Date		
	Autoclaved material used (bandages, dressings, towels, swabs)						
	Dressing table, antiseptic lotion, sink for hand washing available.						
	Dresser Wears Plastic apron, face mask, gloves etc., while doing dressing						
	Antiseptic lotions and dressing materials kept in bins.						
	Dusbins are aavailable with waste collectiojn instructions.						
	Dressing tray with medicines and bandages:						
	Electric sterilizer for instruments and suture removal set						
f)	<b>Injection Room</b>						
	Syringe destroyer installed and being used						
	Color waste collection bins installed with instructions for use						
	Staff nurse is trained in management of Injection reactions,						
	Updated emergency drug tray and Availability of Oxygen Cylinder with accessories, Suction Machine (electric and foot operated), Cot and mattresses with arrangement for head low position, Vensection tray,						
	Chart of management of Anaphylactic reaction, classification of dog bite wounds and dosage schedule of ARV, rabipur.						
	Availability of Wash basin, Biosafacty measures adopted, Inventory maintained.						
	Sufficient number of autoclaved syringes & needles depending upon OPD load.						
	Pharmacy						
	Proper display of all the available drugs in the pharmacy to built a proper public image						
	Daily accounting of drugs kept? (Any proof of checking of inventory)						
	surprise check by MO/RMO for actual dispensing against prescription.						
	drugs are dispensed in paper packets						
	Morbidity statistics kept up-to date (Verify the record)						
	Is the fire extinguisher installed at the pharmacy						
	Minor Operation Theatre and Plaster Room						

	ration table, suction apparatus (electric us.								
	cap, mask, gown etc								
	Availability of autoclaved linen material, dressing drums, minor surgery instruments, life saving drugs and anaesthetic agent's etc.								
	Maintenance of records and registers of minor OT, condemned articles etc.								
	water coolers available with 4 number of taps for OPD								
	Separate well maintained arrangements of toilet for male & female patients & relatives?								
	Is it clean?								
	Separate Stan for vehicles.								
	A availability of functioning telephone for public								

\* Wherever the matter is complied put a ' in green colour and where it is not complied put an 'X' mark in red colour



M		Response as on date of visit(Y/N)					
		Date	Date	Date	Date		
	Arrangements made for OPD patients						
I)	Suggestions book in OPD Action taken, if any for valid suggestions made.						
ii)	Waste collection basket installed at appropriate places						
iii)	A availability of wheelchairs & stretchers for shifting Pt. from OPD TO Ward						
4)	<b>EMERGENCY SERVICE DEPARTMENT. (CASUALTY)</b>						
	Medical Officer available round the clock.						
	Glow sign board indicating "Emergency services" (Department)						
	Ward well equipped with fowler' bed.						
	Emergency tray with essential drugs						
	Catheter tray, Ryes' tubes/ Stomach tube, flatus tube,						
	Venesection tray, tracheotomy set, L P tray, Suturing tray,						
	Emergency light/Generator.						
	BP Apparatus, Torch, Thermometer, weighing machine, hammer,						
	Refrigerator, Stationery & forms (medico-legal stationery)						
	Availability of ARV services 24 hours. Board displayed accordingly						
	Knowledge of M Os in classification of doghite wounds and their management training in giving ARV						
	Proper documentation of case sheet and MLC, treatment card and records/registers.						
	Uninterrupted stock of ARV Check the stock book.						
	Medico-legal register in prescribed register with commencing and closing dates and number on the book.						
	Store room with sufficient stock off essential and life saving drugs.						
	Availability of transport facilities (Ambulance) round the clock, drivers duty-chart.						
	Waste collection at appropriate places						
	Emergency resuscitation ki9t available and functional.						

**IES**

	Examination of special tests like widal, serum bilirubin, L FT, VDRL,BS for M P stool examinations, semen analysis, electrolyte study, blood gas analysis, kidney function tests, CFS examination etc.								
	Reports, monthly abstract drawn and verified by CMO								
	Use of aprons by laboratory technicians								
	Availability of sufficient wash basins, sinks for staining								
	proper disposal of the spoiled containers after decontamination								
	Use of Only autoclaved syringes & needles/Disposable needles.								
	Appropriate tests carried out as per indication								
	Observance of bio safety measures in waste management								

\* Wherever the matter is complied put a ' ' in green colour and where it is not complied put an 'X' mark in red colour

**Response as on date of visit(Y/N)**

						Date	Date	Date	Date		
X	Regular availability of staining material and their inventory maintenance										
xi)	Status of following equipment										
		Total No. Available	Working Condition	Under Repairs	Pending for condemnation						
a)	Microscopes Monocular										
b)	Centrifuge										
c)	Refrigerator										
d)	Water bath										
e)	hot air oven										
6)	<b>RADIOLOGY:</b>										
	X-ray technician is available, if not efforts made for getting the post filled in or any suitable alternative arrangement made for day to day supervision.										
ii)	Status of x-ray Machines available										
ii)	Total No available Working condition under Repairs pending for condemnation										
	X-ray Machine										
iV)	Availability of dark room safe light, film drying cabinet X-ray illuminators (view box) etc.										
V)	Use of bulbs and are they regularly sent to BARC for checking and steps taken on reports.										

	..., oxygen cylinder, suction apparatus ect. To tackle								
	...naphy lactic reaction								
	...re preserved/Disposed as per Rules.Dangerr zone								
Viii)	...marked or not with red paint.								
Viii)	Availability and use of protection devices like lead apron, lead gloves, goggles, badges and dosimeter ect by the staff working in Radiology.								
<b>7)</b>	<b>OPERATION THEATRE</b>								
I)	Availability of staff in OT as per norms/Duty roster chart								
ii)	Concept of clean, neutral and sterile zone followed by providing various self-closing double doors or air curtain etc. and marked.								
iii)	Dimensions of operation theater are measured and dose of potassium permanganate (KMnO4) and formaldehyde calculated for doing fumigation on fixed day or as and when indicated. Verify the fumigation register record.								
Wherever matter is complied put a ÷ in green colour and wherever it is not complied put an -XØ mark in red colour									

					Response as on date of visit (Y/N)					
					Date	Date	Date	Date		
iv)	Swabs from OT are sent for culture and action taken on unfavorable report. Verify the documents.									
v)	Pre-operative waiting room with toilet facilities available									
vi)	Availability of well equipped postoperative ward (Recover room) with adequate No. of beds and resuscitation measurer									
vii)	Up-to date maintenance of OT records like OT registers (elective), emergency OT monthly abstract etc.									
viii)	Proper steps taken for disposal of OT waste (Operated Specimens etc.)									
ix)	Emergency light or generator facilities provided to OT (verify									
x)	Status of following equipment									
		Total No. Available	Under Repairs	Pending for condemnation						
a)	Boyles Apparatus									
b)	Hydraulic OT									
c)	Shadow less lamp									
d)	OT Care.									
e)	Suction Apparatus									
f)	Air Conditioner									
g)	Minor Operation Tables									
l)	Refrigerator									
j)	Electric Sterilizers									
k)	Autoclaves									
xiii)	Regular condemnation of unserviceable articles twice a year done.									
xiii)	Inventory register maintained and cheeked by Anesthetist/									

		or doctors, nurses with entire staff uses OT dress and					
xiv)	separate slippers						
xv)	Availability of the fire fighting equipment and knowledge to use them.						
xvi)	Oxygen cylinder available & quantity checked periodically						
<b>8)</b>	<b>CENTRAL STERILE SUPPLY DEPARTMENT</b>						
i)	A detailed chart showing how to operate H.P HS displayed in Kannada.						
ii)	Wall clock made available for noting the time during autoclaving process.						
iii)	All autoclave tape should be preserved and pasted on register date wise which is to be signed by Staff Nurse and checked by Anesthetist (Verify the register)						
iv)	Efforts made to get out of order equipment's repaired or condemned (Verify the register)						
<b>9)</b>	<b>LABOUR ROOM &amp; PREMATURE BABY UNIT</b>						
Wherever the matter is complied put a ' ' in green colour and wherever it is not complied put an 'X' mark red colour							

		Response as on date of visit (Y/N)				
		Date	Date	Date		
	double door for clean and septic cases available.					
ii)	Minimum 2 lab our tables in Clean lab our room with plastic curtain partition.					
iii)	Facilities available such as : Wall Clock, baby weighing machine, facility for head low position, baby resuscitation kit, mucus aspirator, suction apparatus ( electric or foot operated) along with set of catheter, oxygen cylinder with accessories for bay and mother, emergency light/generator connection, exhaust fan, coolers/fan, episiotomy tray and venesection tray, shadow less lamp, forceps low, B P apparatus, instrument sterilizer, plastic aprons, slippers, cap, mask, apron, from maters on table, Kit of all life saving drugs.					
iv)	Same discipline as that of OT is also followed for lab our room I.e., use of gown, cap, mask etc. before entering in lab our room & PBU					
	A availability of deep freeze or plastic containers with ice cubes for preservation of still born, Placenta, till they are disposed off.					
v)	Regular washing and fortnightly fumigation of lab our room. Verify record.					
vi)	Duty roaster of staff of lab our room and attendance displayed or not					
viii)	Proper writing of delivery notes including the foot prints o baby, thumb impression of mother with attestation of nurse conducting delivery.					
ix)	Availability of attached toilet facility near Lab our Room					
x)	Arrangement to resuscitate new born and to keep baby warm					
xi)	Availability of functioning incubators					
xii)	Staff trained in premature baby care.					
xiii)	Arrangement for Prevention of hypothermia					

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	Capacity unit, Oxygen hoods															
	of new born															
xvi)	Precautionary measures adopted to prevent sepsis like barrier nursing, change of cloths by staff working PB U															
xvii)	Written instructions about operation of incubator displayed.															
xviii)	Duty roster of staff on duty.															
10	<b>WARDS</b>	pead	Med	sur	Gye	Post op	Emerg ency	Casuality	Total							
1	Satisfactory ctorycleanliness of the sanitary blocks.															
2	If, floor beds in the wards present															
3	Satisfactory upkeepment of cots, Mattresses, Beside lockers, linen etc.															
4	Use of hospital Uniforms by all Patients															
5	Availability of suction Apparatus.															

Wherever the matter is complied put a ' ' in green colour and wherever it is not complied put an 'X' mark red colour



								Response as on date of visit (Y/N)					
								Date	Date	Date	Date		
I)	cylinder with accessories, venesection tray emergency tray, emergency light, BP apparatus, equipments for sterilization. Wheelchairs, stretcher trolley and stationeries forms etc. without man												
6	Maintenance of records (incoming, outgoing and death reports), CARDEX (ward round book)												
7	Adequacy and working of fans and tube lights												
8	Availability of hot water												
<b>11)</b>	<b>DIET AND KITCHEN FACILITY</b>												
I)	Availability of diet												
ii)	Physical verification of dietary articles done any time. Verify												
ii)	Availability of diet charts for adult, pediatric and special diet.												
iv)	Arrangements for washing vegetable and vegetable cutting platform												
v)	Satisfactory cleanliness of kitchen												
vi)	Satisfactory arrangements for preventing rat nuisance												
vii)	Availability of utensils for cooking												
viii)	Satisfactory arrangements for storing the food grains												
ix)	Regular medical cheek up of food handlers (Verify the records)												
x)	Regular organization of diet committee meeting (Verify the Minutes)												
xi)	Availability of food testing register and remarks												
xii)	Sending of samples of dietary articles for PAF studies and action taken one results.												
xiii)	Availability of lactometer measuring until, weighting machine and weights												

	ary articles						
<b>12</b>	<b>LINE &amp; LAUNDRY SERVICES</b>						
I)	Condemnation carried out by every six months						
ii)	Yearly requirement prepared on the basis of last three Years consumption and buffer stock (Verify the records)						
ii)	Availability of line as per norms						
iv)	Availability of buffer stock of line to face Disaster Emergencies						
v)	Upkeep of liner register						
vi)	Hospital linen stamped by Dhobi ink						
vii)	Service of tailor utilized adequately for making new OT						

ITEM		Response as on date of visit (Y/N)					
		Date	Date	Date	Date		
	tooths etc.						
	contaminated/ washed and given to Dhobi is followed.						
viii)							
ix)	OT Linen is kept separately and washed separately						
x)	A availability of linen as per departments guidelines such as Woolen blanket-Red OT Gown _Green						
xi)	Use of aprons by Doctors						
xii)	Paramedical uniforms						
xiii)	Class IV uniforms						
<b>13 MEDICAL/ NON MEDICAL STORED</b>							
I)	Suitability of location for all sections of Hospital and adequate space for medical stores.						
ii)	Pharmacist knowledgeable in materials, management, system of bin cards, nearing expiry and expiry chart, buffer stock are followed.						
ii)	Inspections of stores by the CMO in last six months. Verify the stock book.						
iv)	Availability of Vital, essential and desirable drugs sufficient to last for at least three months.						
v)	Upkeep of expiry date register and its regular inspection by RMO						
vi)	Efforts made to redistribute large stock of slow moving drugs for its utilization or redistribution						
vii)	Check a few ABC drugs from the stock book to ascertain the correctness of balance quality						
viii)	Proper arrangements of the drugs as per ABC/V.E.D Category and storage of rubber goods as per guidelines.						
ix)	Knowledge of minimum levels for each drug to stores keeper by him card system.						
x)	Appropriate steps taken to prevent pilferage of drugs						
xi)	All ampoules are stamped with government name						
xii)	Separate system for issuing costly drugs						
xiii)	Satisfactory storage of drugs with reference to temperature: sunlight, protection from moisture, availability of refrigerators and exhaust fans.						



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	...y to check it is per specification and						
	...d checked the quantity as per order.						
xv)	Communication of any shortages/ damages to Firm						
xvi)	Maintenance of separate Register for the batches declared unfit for use.						
xviii)	Availability of licenses for spirit, morphine, opium.						
xviii)	Circulation of lists of available drugs to the Mos, Opd & Wards						
xix)	Submission of certified bills to office for release of payments within three days . (Verify the register)						
xx)	Arrangement of regular auction to clear the empty material from store						
xxi)	Availability of Fire Fighting equipment and knowledge to operate.						

Wherever the matter is complied put a ' ' in green colour and  
wherever it is not complied put an 'X' mark red colour

ITEM		Response as on date of visit (Y/N)					
		Date	Date	Date	Date		
xxii)	Prevention of drugs and non drugs items from rat nuisance						
xxiii)	Black waste container available for waste disposal.						
14)	<b>MEDICAL RECORDS, AUDIT &amp; BIOSAFETY</b>						
D)	Availability of Medical Record Room with enough number of racks and Cupboards etc.						
ii)	Knowledge of staff in keeping the medical records in desired fashion						
iii)	Regular WHO classification of diseases						
v)	Quarterly submission of the morbidity, mortality reports (check the report of the last month to assess the correctness)						
vi)	Monthly Death audit meeting held & minutes of meeting recorded/ reported						
vii)	Organization of Hospital Infection Control Committee meetings Action taken on minutes and investigation done if any (Verify)						
15)	<b>POST MORTEM FACILITY &amp; M. L. RECORD</b>						
i)	Availability of the instruments required for performing post Mortem in order and sufficient.						
	A availability of prescribed .P.M. and viscera forms in mortuary						
iii)	Arrangement for carrying out post mortem after sunset, Availability of exhaust fans and adequate Water Supply.						
iv)	Proper writing of post mortem notes (Verify PM records)						
v)	Update records such as PM Register, Incoming and outgoing dead bodies register available.						
vi)	Bio-safety measures under taken like cap, mask, thick gloves while doing Post mortem.						

i)	Poster and Banners displayed in OPD, Wards and premises						
ii)	Arrangements of Cinema shows in OPD in fixed days.						
iii)	Celebration of different National days and record maintenance						
iv)	Annual social gathering arranged for the staff celebration of hospital day.						
17	MOTOR VEHICLE UNIT, HEALTH EQUIPMENT REPAIR UNIT & TELECOMMUNICATION						
A	VEHICLES						
i)	Status of Vehicles OFFROAD ON ROAD Date of its registration and other details						
ii)	Availability of Garage and tools in the vehicles						
iv)	Proper maintenance of Logbooks						
iv)	Major accidents and the procedure of inquiry completed with 6 months (maintenance of the repair register with the name of the part replaced)						
v)	Efforts made to bring off road vehicle on road.						
* Wherever the matter is complied put a ' ' in green colour and wherever it is not complied put an 'X' mark red colour							

	CM	Response as on date of visit (Y/N)				
		Date	Date	Date	Date	
b)	MOBILE MAINTENANCE UNIT (AMBULANCE)					
	Maintenance of register for collection of fees for ambulance service					
c)	HEALTH EQUIPMENT REPAIRS UNIT					
I)	Sending of list of out of order instruments/equipment to Unit every month. Check the list					
ii)	Efforts made to get the major instruments, equipmentø repaired promptly by chasing higher authorities.					
iii)	Repairing and enamel painting of cots, bedside lockers saline stand locally.					
d)	TELECOMMUNICATION					
	List of telephone numbers, code, fax numbers available					
i)	Telephone connection for the hospital					
ii)	Availability of Public Phone facility in Casualty and OPD					
Iii)	A availability of Telephone directory and telephone numbers of DE, referring hospitals, Police Superintendent, Fire Brigade, Water Supply, other ambulance, KEB., and private nursing homes in emergency service department.					
18)	Whether the following National/ State Programmers being implemented and reported					
a)	FAMILY WELFARE, MCH, MTP & PP PROGRAMME					
b)	NATIONAL MALARIA ERDICATION PROGRAMME:					
C)	NATIONAL TUBERCULOSIS CONTROL PROGRAMME.					
D)	NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS					
F)	PROGRAMMES FOR THE SOCIALLY DISADVANTAGED COMMUNITY.					
e)	NATIONAL LEPROSY ERADICATION PROGRAMME					
g)	AIDS CONTROL PROGRAMME					
h)	DISTRICT SURVEILLANCE INFORMATION SERVICES					
	If Yes, please provide detailsí í					



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WATER SUPPLY:

General Sanitation of hospital premises by  
and drainage system keeping Dust bins at

1) various.

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	COM	Response as on date of visit (Y/N)					
		Date	Date	Date	Date		
	animals like pigs,						
ii)	Donkeys, Cows, goats in the Premises by providing compound wall and cattle trap at Entrance and Exit.						
v)	Arrangements for regular lifting of garbage with the help of Municipality / Corporation.						
v)	Anti Smoking, Spitting Boards & Other health Education boards depicted at prominent places in Hospital Campus.						
vii)	Arrangement of sufficient illumination arrangements in Hospital Premises by street light etc.,						
viii)	Provision of Public Latrines						
ix)	Source of water supply is adequate, if not, then efforts made To augment it by Bore well or dug well ect.						
x)	Sanitation, Cleaning and general condition of overhead tank /sump well, Verify reports of OT test done by Sanitary Inspectors. Cross check done by RMO						
xi)	Collection of water charges at domestic rate where the supply is combine for hospital and staff quarters.						
20)	CONSTRUCTION & GARDEN DEVELOPMENT						
i)	Quarter available to all essential staff, if not, efforts made to provide or construct.						
ii)	Efforts made to develop hospital garden						
ii)	Availability of adequate water supply						
iv)	Arrangements to protect garden from stray animals						
v)	Decorative arrangements in garden such as showers, sprinkles.						
vi)	Development of Children's park.						
vii)	Display of health Education slogans.						

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	M	Response as on date of visit (Y/N)					
		Date	Date	Date	Date		
i)	Cash Book and Cash Verification once in 3 month by AMD/DS/Su (Ascertain )						
ii)	Security Deposits collected from the staff working in Stores, Operation Theatre, Cash Section, Outward Section etc.,						
iii)	Muser roll and Leave Account, Late Muster checked by Administrative Officer /Chief Administrative Office.						
iv)	Standing Order file neatly maintained						
v)	Maintenance of Service Books of all cadres.						
vi)	Recurring & Non Recurring Expenditure statements submitted in time to higher authorities as per schedule						
vii)	Efforts made to investigate the grievances and complaints received and corrective action taken						
viii)	Efforts made for disposal of all EBL cases (files)						
ix)	Efforts made to settle the leave at local level and beyond power, proposals submitted to higher authorities						
x)	Maintenance of increment registers and scrutiny of pending advances, recovery etc.						
xi)	Efforts made to settle the leave at local level and beyond power, proposals submitted to higher authorities.						
x)	Maintenance of increment registers and scrutiny of pending advances, recovery etc.						
xi)	Efforts made to finalise the Pension case and appointment on compassionate grounds etc.						
xii)	Compliance of Audit & Store Verification Paras						
xiii)	Pending Confidential Reports C I, III, CI II and CI.I						
xiv)	Local Purchases in comparison with total expenditure on Medicine not more than 5%						
xv)	Efforts made to settle reimbursement claims. Verify the records.						
xvi)	Hospital Advisory Committee formed. If not, efforts made to constitute it.						
xviii)	Names of Members displayed in OPD and Casualty Department.						
xviii)	Regular meetings held as per guidelines, if not, efforts, made for						
xix)	Action on the decisions made in the meeting or efforts made for their fulfillment.						

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	tion and State average collection: collection or state average collection :						
xx)							
22)	OUTERACH ACTIVITIES						
i)	Diagnostic and Operative Camp such as RCH Card camp, Reconstructive surgery for leprosy and burns patients, Dental Camps etc (except Cataract Surgery Camps), FPO camps (TO and LTO)						
II)	Providing Specialist and super service to rural hospitals by adopting one or two TCH/CH centers for providing specialist services for operative procedures on regular basis (verify records)						
iii)	Inspections of Rural Hospitals (SC, PHC,CHC) in respect of referral system and National health programmers						

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M		Response as on date of visit (Y/N)					
		Date	Date	Date	Date		
	ice a year and corrective						
	Action taken. (verify the records) Inspection Proportionate target 100%: Y/N 80%: Y/N/70% Y/N/ Below 70%: Y/N/ (Tick one)						
23)	RESEARCH ACTIVITIES						
I)	Operational Research study undertaken such as Exit interviews of discharged patient, study undertaken to reduce patients waiting time, efforts made to investigate Investigation of maternal, infant mortality in hospital and remedy suggested based on the results etc or Paper Presentations in Various State and National level conferences.						
24)	INNOVATIVE ACTION In Order To Curtail The Expenditure such as analysis on medicine /bed/year, expenditure on diet/bed/Year and corrective actions taken thereon.						
25)	DONATIONS.. In Kinds and in Cash, Prizes, Awards etc., received by Hospitals in last two Years.						

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## MAINTENANCE OF MEDICAL RECORDS

Sl. No.	Item	Response as on date of visit (Y/N)				
		Date	Date	Date	Date	
A	<b>ESTABLISHMENT SEETION</b>					
1	Attendance register					
2	<b>CASUAL LEAVE REGISTER</b>					
3	Service registers of employees					
4	Cash book register					
5	Encashment register					
6	Acquittance bill					
7	Contingency register ( Abstract contingency & Direct contingency)					
8	Inventory register ( for furniture, equipment, instruments) A Separate register for KHSDP ó Instruments, Equipment, furniture, linen, utensils, provision Separate register for DH& FW					
9	Library contingency ( small hospital library for quick reference work- Journals, Periodicals, books)					
10	Telephone director (District nos./State nos. / Local emergency- police, fire railway , engineering, bus station referral hospital) Stock book with Head of Acountwise. Eg. KHSDP, IPP,FW & HS.					
11	Separate stock of drugs KHSDP RCH, DH & FW a. Nearing expiry drug register ( current mo0nt) b. Expiry drug register ( Yearly with date)					
12	Stock book of hospital necessities ( Brooms, stationary, bulbs etc.)					
13	Memo books (Office order books0					
14	Condemnation article register for unserviceable articles					
15	Electricity, telephone and water bills register or files and receipts register					
16	Telephone call maintenance register					
17	Log book for vehicles. I.e. Ambulance, jeep, Tata sumo or any vehicle in the hospital ( Separate book for each vehicles)					
18	General receipt books ( for collection of fees for medical certifications, leave certificate, physical fitness, inpatient certificate, discharge certificate, User charges. X-rays, operation, special ward charges, drugs etc.					
19	JSY registers					

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### LIST OF MEDICAL RECORDS

No.	ITEM	Response as on date of visit (Y/N)					
		Date	Date	Date	Date	Date	Date
<b>A</b>	<b>ESTABLISHMENT SECTION</b>						
1	Attendance register						
2.	Casual leave register						
3.	Service registers of employees						
4.	Cash book register						
5.	Encashment register						
6.	Acquittance bill						
7.	Contingency register (Abstract contingency & Direct contingency)						
8.	Inventory register (for furniture, equipment, instruments) a. Separate register for KHS DP ó Instruments, equipment, furniture, linen, utensils, provision b. Separate register for DH FW						
9.	Library contingency (small hospital library for quick reference work ó journals, periodicals, books)						
10.	Telephone director (District nos./ State nos./Local emergency ó police, fire railway, engineering, bus station, referral hospital) Stock book with Head of Account wise. Eg. KHS DP, IPP, FW & HS.						
11.	Separate stock of drugs ó KHS DP, IPP, DH & FW a. Nearing expiry drug register (current month) b. Expiry drug register (yearly with date)						
12.	Stock book of hospital necessities (brooms, stationary, bulbs etc.)						
13.	Memo books (office order books)						
14.	Condemnation article register for unserviceable articles						
15.	Electricity, telephone and water bills register or files and receipts register						
16.	Telephone call maintenance register						
17.	Leg book for vehicles i.e. Ambulance, Jeep, Tata Sumo or any vehicle in the hospital (Separate book for each vehicles)						
18.	General receipt books (for collection of fees for medical certifications, leave certificate, physical fitness, inpatient certificate, discharge certificate, user charges, x-rays, operation special ward charges, drugs etc.						

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		<b>Response as on date of visit (Y/N)</b>					
		<b>ANICAL</b>	Date	Date	Date	Date	Date
	<b>PURPOSE</b>						
	<b>OPD Services</b>						
1	OPD registers						
2.	OPD slips (outpatient tickets)						
	<b>Inpatient services</b>						
1	Inpatient or admission register						
2	General case sheets (medical, surgical, maternity, paediatric, ortho, ENT), medico-legal cases (accidents, poison, rape, fall drowning, hanging, burns, snake bite, unnatural deaths, mass emergency disasters ó medico ó legal seal should be put on the case sheets) and diet sheet.						
3	Emergency and casualty services The following registers and sheets should be Maintained. Accident register (MLC) Police intimation form Office memo Wound certificate Death form and death register for brought dead Post mortem register _ Death occurred in the hospitals Night report book Written by duty CMO or duty doctor regarding drug Availability, number of cases attended						
<b>C</b>	<b>STATIONARY FOR MATERNITY SERVICES</b>						
1	Maternity case sheets						
2	Antenatal cards and registers and OPD slips						
3	Birth register						
4	Emergency call book						
5	Carolex book						
6	Baby labeling and potograph						
<b>D</b>	<b>OPERATION THEATRE REGISTER</b>						
1	Major OT registers						
2	Minor OT registers						
3	HPE óspecimen sending book						
4	Inventory registers ó equipment. Instruments, drugs, O2 cylinders , anaesthetic cylinders, operation manuals for equipment, Boyleø apparatus, ICC equipment, biopsy forms Disinfection measure registers ó Date, time and						



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Wherever it is not complied put an ÷X÷ mark in red colour

No.	ITEM	Response as on date of visit (Y/N)					
		Date	Date	Date	Date	Date	Date
	Swab culture ó done and their reports						
<b>E</b>	<b>LABORATORY AND BLOOD BANK</b>						
1	Inward register for receiving samples and their nature.						
2.	Work allotment registers.						
3.	Inventory book for reagents, chemicals, drugs, equipment						
4	Log book for major equipment ó auto analyser, culture incubators, refrigerators, centrifuge, microscopes, microtomes, date and time of handling the equipment						
5	Reporting register of the investigations.						
6	Instruction booklets for how to collect the samples (blood, urine etc)						
<b>E</b>	<b>RADIOLOGY DEPARTMENT RECORDS</b>						
1	Inventory of equipment (60, 100 30, 500 MA x-ray/ultrasound scanners)						
2	Log book of equipment and operational manuals						
3	X-ray requisition slips						
4	Separate register for medico-legal x-rays						
5	X-ray report register Ultrasound slips						
6	Instruction booklet for various invasive and non-invasive radiological examination						
7	Appointment books for various procedures						
<b>G</b>	<b>PHARMACY SERVICES</b>						
1	Stock registers						
2	Separate issue books for each ward						
3	Separate book for receiving empty vials and bottles availability						
4	Display card of drug position ó monthly, weekly.						
<b>H</b>	<b>STATIONERY FOR EVALUATION PURPOSE (CLINICAL EFFECTIVENESS)</b>						

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3	Family planning services report formats óTO, LTO, IUCD, Contraceptives						
4	Communicable disease report formats (monthly, weekly and nil report)						
5	Statistic report formats (daily, monthly death of hospital attended patients)						

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No.	ITEM	Response as on date of visit (Y/N)					
		Date	Date	Date	Date	Date	Date
I	HOUSE KEEPING						
1	Stock position of linen book ó beds, pillows, bed sheets, blankets						
2.	Stock position book ó OT linen, OT gowns, patients gowns, patient sarees						
3.	Labour ward linen.						

Waste Management Practices in 30 -100 bedded hospitals

(to be verified every month by District Surveillance Medical Officer)

HOSPITAL:                      YEAR:                      ADMINISTRATIVE  
MEDICAL OFFICER

No	Indicator	Jan	Feb	Mar	Apr	Ma y	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	White waste bins placed in each consultation Room												
2	White waste bins placed in the Reception												
3	White waste bins placed in waiting room												
4	White waste bins white coloured polythene bag placed in X-ray room												
5	White bins with white plastic bag placed in wards												
6	White & Black bins with respective colour covers placed in Pharmacy												
7	Needle cutter being used												
8	White, Blue & yellow bins with respective colour covers & needle Cutter fixed in Laboratory												
9	White, Blue & yellow bins with respective colour covers & needle Cutter fixed in Inj. Dressing Room												
10	White, Blue & yellow bins with respective colour covers & needle Cutter fixed in Operation Theatre												
11	White, Blue & yellow bins with respective colour covers & needle Cutter fixed in Labour Room												
12	White, Blue & yellow bins with respective colour covers & needle Cutter fixed in Nurses Station												
13	Yellow bins with yellow cover placed in Mortuary												
14	Waste reduction is in practice or not												
15	Disinfection used in adequate quantity, concentration & frequency in the bins used in Consultation, Reception, waiting x-ray, wards Lab, Pharmacy, Inj. Dressing Room, O.T. Labour room. Nurses Station & Mortuary.												
16	Plastics like catheters, IV sets bottles, drainage tubes, cannulas used in OBG Consultation room, Laboratory, Inj, dressing room, Ward O.T., Labour room, Nurses station are cut disinfected and stored.												
17	Are the injections, ampoules, bottles & similar glass articles collected separately and stored for recyclin												
18	Waste paper is it being collected separately for recycling												
19	Waste being put into deep burial pit												
20	Are the plastic bags in which. waste was collected are being kept separately after the waste is thrown into land fill or deep burial pit												
21	Date on which the land fill was cleared												
22	Annual examination & immunation against Tetanus, Hepatitis-B												

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25	Swab from OT sent for culture													
26	Equipment like wheel barrow, pump, shovel etc., being used													
27	Waste handlers wearing protective gear													
28	Information of adequate available services													
29	Signature of the District Surveillance Officer													

Signature of the Administrative Medical Officer

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**ANNUAL INSPECTION**

**CHECKLIST FOR INSPECTION OF ALL CONCERNED SUB-CORDINATE OFFICES**

**SECTION – 1**

1. Whether tri-lateral indices has been Prescribed as per Para ó 10 ?
2. Whether all the Registers are opened from 1<sup>st</sup> April of each year (Para ó 24)? :
3. Whether weekly arrears lists are prepared by each of the case-workers regularly in Form óIV (Para-29)? :
4. Whether five bundle system as contemplated in Para ó 32 of the Office procedure is followed? :
5. Whether circular files are maintained? Is it on subject-wise basis? :
6. Whether the current files are arranged Properly as contemplated in Para ó 35 ? :
7. Whether closed filed are classified as contemplated in Para -50 and Para ó 67? :
8. Are periodical Registers maintained in Form óIII (Para ó 20)? :
9. Is the case register maintained in Form ó III (Para ó 21) ? :
10. Are the case workers maintaining the case worker diary in FormóXX (Para ó 30)? :
11. Is call Book maintained in the prescribed Form-IV (Para ó 5)? :

- Whether monthly inspection by the Head of the Section done as per Para ó 85? :
- Whether Annual / Monthly Inspection by the Head of the Office/Head of the Section done? :
- Whether the Head of the Office periodical Visits to the Section and inspects the Tables. :

## SECTION – II

1. General Receipt register maintained in the prescribed Form (para ó 13) ?
  - Are the papers registered in order of Receipt? :
  - Are the prepared ones acknowledged by the official and cross reference indicate against each entry? :
  - Are the entries scrutinized periodically and by whom? :
2. Are fair copying Registers in Form ó VIII maintained by the Typists (Para ó 59)?
  - Whether the entries are made regularly? :
  - What is the volume of typing work As per the entries? :
3. Is the dispatch Register maintained in the Prescribed Form ó VIII (para ó 63) ?
  - Whether the colomn ó 2 has been properly written? :

4. Whether the stamp Register is maintained in the Form ó IX (Para ó 64)?
  - Do the entries agree with the actual Receipts and issues as verifies from the Stamp Indents and dispatch Registers? :
  - Whether the stock hold tallies with the balance shown in the Stamp Register? :
  
5. Is the local delivery book maintained in the Form ó X (Para ó 65)? :
  - Are acknowledgements obtained in the Register? :
  - Is there any delay in delivery of Tappals :
  
6. What are the improvements after the last Annual Inspection? :

### SECTION – III – RECORDS

1. Is the furniture register maintained in Form ó XVI and the particulars furnished in the appropriate column.? :
  - Are SI. Nos. marked on each furniture As per the entries ill the Registers? :

1. Whether Annual verification of furniture purchased  
Are made and Certificate recorded? :  
or, in the Register? :
- Whether Annual verification of furniture  
Are made and Certificate recorded? :
2. Is there a separate Record Room available? :
- Are the records arranged properly? :
- for sending to Record Room? :
- Whether specific, dates have been fixed  
for sending to Record room :
- Does the record keeper maintain Circular Files? :
3. Is the Record Register maintained in  
Form - XI (Para - 73) ? . :
- Is it maintained each year separately? :
4. Whether the Record issues Register,  
maintained Hi Form - XIII by the record  
keeper for the issue of records (Para-79) ? :
5. Whether the case-workers requisitioning  
old files from the records sending the  
requisition slips in Form - XII (Para - .78) ? :



## SECTION –IV

### 1. OFFICE ACCOMODATION

1. Is it sufficient for all the members of the staff? :
2. Is the seating arrangements made properly? :
3. Is the building kept neat and tidy? :
4. Is the building Government Property?
5. Is it a Private building?
  - Has Certificate of non/availability :  
Obtained from the Executive Engineer?
  - Is it fair-rent being fixed by the PWD :  
Authorities?
  - Is competent sanction been obtained for :  
Payment of rent or is there by delegation  
Of powers in this regard?
  - Has rent been paid up-to-date and :  
Vouchers obtained ?
6. Are basic amenities for the Staff like lunch :  
room, drinking water, toilet etc., available

### II ORGANISATION OF OFFICE

1. Is an organisation chart prepared showing the  
office, Branches, sections and their function?
2. Strength of each section?
  - Stall is distributed in Sections on the Basis :  
of quantum of work, list of staff enclosed.
3. Has copies of work distribution, Organisation :  
chart put-up in all Rooms.?

**SECTION-V**

**I ESTABLISHMENT**

1. Is it maintained as Per the Government Orders? :
2. Is the ratio for direct Recruitment and promotional vacancies maintained as per & R Rules?
3. Are vacancies classified as per the latest Government Orders

**II SENIORITY LIST**

1. Are cadre strength and C & R Rules? up-to-date for all cadres? :  
 ➤ Seniority List :
2. Has Seniority List been prepared and finalised after calling for objections? :

**III SERVICE RESITER**

1. Whether precious registers are maintained in respect of all officials in accordance Rule 6398 of KCSRs? :
2. Whether entries are verified and certified as per Rules 6412 of KCSRs? :
3. Whether punishment awarded or recorded in Para-IV of the service register with a copy of Order of Punishment? :
4. LEAVE
  - Whether Earned Leave is calculated and credit of the account? :

**IV INCREMENT**

- a) Whether increments are sanctioned :  
as and when they accorded, if not  
reasons thereon?

**V CONFIDENTIAL**

1. Whether CRs written/transmitted on due :  
date for all Government servants?
2. Whether CRs Formats up-to-date, :  
and well maintained?
3. Whether adverse remarks, if any, :  
communicated?

**VI C C A RULES**

1. How many cases have been Instituted for :  
Disciplinary action?
2. In how many cases final orders have been :  
passed? Details to be furnished?
3. How may cases are pending for disposal :  
and reasons thereon?

**VII PROPEARLY REFUTNS**

1. Whether property returns/assets and :  
liabilities are obtained/transmitted and  
reviewed/scrutinised?

**VIII RETIREMENT**

1. Whether a list of Government Servants  
who attain the age of superannuation during the

l forwarded before  
?

2. Whether prompt action has been taken to retire officials from service on attaining the age of superannuation?

## IX INSURANCE

1. Whether all the Government servants have insured as per Rules 56 of KGID? :
2. Whether action has been taken to effect insurance under the Rules in case of failure of making insurance? :
3. In case where insurance is effected, is the total premium for less than the prescribed list? :

X Are the orders regarding, reservations of DC/S/12, I/OBC being followed properly? Both for first appointment as well as for promotion? :

XI Are the Annual Returns regarding Reservation for SC ST sent to the BS Regularly?

XII Are there any instance of delays in Deposal of cases involving personal Claims of official such as

- Promotion
- Increment
- Leave
- Advances
- Pensions
- Appointment of Direct Recruits selected by the PSC/DRC

and regularly and

- XIV Whether gradation list in respect of each :  
Cadre of the Dept. has been published as on  
1<sup>st</sup> January each year?
- XV Are the sanctioned posts sufficient? :
- Is there any surplus staff? :
  - What is the percentage of expenditure :  
on establishment vis-a-vis Total budget  
provision for the Dept.?

### SECTION-VI-ACCOUNTS

#### I **Cash Book:**

1. Whether the cash book is maintained in :  
prescribed Register?
2. Whether the rash book is written from duty :  
day and the entry relating to each item either  
receipt or expenditure being made simultaneous  
with the transaction?
3. Whether the cash book is daily attested by the :  
the Officer?
4. Whether the procedure laid down in :  
Article 6336 of KFC regarding safe, custody of  
cash followed?
5. Whether the procedure laid down in :  
Article-339 of KFC regarding Custody  
of duplicate keys of cash sheet is followed?

#### II **ACCOUNTANCE ROLL :**

1. Whether the acquaintance roll is maintained :  
in the prescribed Register?
2. Whether bills are drawn separately for :  
permanent and temporary establishment?

3. Whether acknowledgements are obtained :  
stamped, noted as paid under each attestation  
of the Officer with date of payment?

### III DEDUCTION FROM BILLS

1. Whether separate Registers are :  
maintained for noting the deduction on account  
of each fund

- a. House Building Advance ;
- b. Loan Scholarships and other :  
Education Advances
- c. Bi-cycle Advance :
- d. Other Advances :
- e. Miscellaneous Advances such as :  
value of sites due.

### SECTION VII-MISCELLANEOUS

#### **FUNCTIONS:**

- 1. What are the objectives of the Office? :
  - Whether is proper work distributions  
Among the Staff
- 2. Whether there is adequate delegation of :  
Powers
  - Whether these powers are exercised :  
Properly
- 3. Checks on delays?

- Sections are :  
not?
- What is the arrangement made to check :  
the heavy consumption of powers and files?
  - As long pending cases list exchanged :  
Between Govt. and Liaison Officer  
Visited to clear pendency?
4. Is there is Library Section? If so, are all :  
Act, Rules Reports, Manual, Circulars, Checked  
and issued for references?
5. Is there a information center, if so, how :  
Public needs are attached?
6. what are the objectives of the Office? :
- What are the Plan Schemes?
  - What are the Non-Plan Schemes?
7. Redressal of Public Grievances :
- What arrangement is done in this Regard :
  - Is Suggestion Box kept in the Office?
  - Is there a Visitors Room or Public?
  - How for and to what extent Kannada  
has been adopted for office use?
8. Suggestions for improvement and for :  
quick disposal of work