



Inspection - Weekly 274 Checklist

274 Inspection _ Clinics - Checklist

Item #	Prompt	Responses	Comments
1	1. CLINICS, OFFICE & SURROUNDING	(X) Yes () No () N/A	
2	Walkways- Free of obstruction	() Yes () No () N/A	
3	Walkways- Free of spillage	() Yes () No () N/A	
4	Walkways - Does it require cleaning	() Yes () No () N/A	
5	Work Area- Floor clean and tidy	() Yes () No () N/A	
6	Work Area- Obstruction Free	() Yes () No () N/A	
7	Work Area- Adequate waste disposal place	() Yes () No () N/A	
8	Work Area- Adequate work space	() Yes () No () N/A	
9	Work Area- Does it require cleaning	() Yes () No () N/A	
10	Walls & Ceilings- In good condition	() Yes () No () N/A	
11	Walls & Ceilings- Needs repairing	() Yes () No () N/A	
12	Walls & Ceilings- Does it needs cleaning	() Yes () No () N/A	
13	Windows- Clean & Tidy	() Yes () No () N/A	
14	Windows- Does It Require Cleaning?	() Yes () No () N/A	
15	Lockers & Shelves- Clean & Tidy	() Yes () No () N/A	
16	Lockers & Shelves- Stocks neatly stacked up in place	() Yes () No () N/A	
17	Lockers & Shelves- Materials neatly stacked up in correct place	() Yes () No () N/A	
18	Lockers & Shelves- Does it require cleaning?	() Yes () No () N/A	

Item #	Prompt	Responses	Comments
19	Lightings- Natural good	() Yes () No () N/A	
20	Lightings- Artificial good	() Yes () No () N/A	
21	Lightings- Any faulty lights requires repairs/change	() Yes () No () N/A	
22	Office Equipment- Computers and computers are well looked after working	() Yes () No () N/A	
23	Office Equipment- Air conditions working	() Yes () No () N/A	
24	Office Equipment- Office is well ventilated	() Yes () No () N/A	
25	Electrical Appliances- Portable electrical equipment in good condition	() Yes () No () N/A	
26	Electrical Appliances- Do they require retest/tagging	() Yes () No () N/A	
27	Ventilation- Good clean air free of smoke and dust	() Yes () No () N/A	
28	PPE- Safety boots & gum boots	() Yes () No () N/A	
29	PPE- Hard Hats are in stock without defects	() Yes () No () N/A	
30	PPE- Overalls & Safety Vest are adequately supplied	() Yes () No () N/A	
31	PPE- Safety Glasses are in stock without defects	() Yes () No () N/A	
32	PPE- Hand Gloves are in stock without defects	() Yes () No () N/A	
33	PPE- Any sign of wear and tear	() Yes () No () N/A	
34	Fire Devices- Smoke detectors installed	() Yes () No () N/A	
35	Fire Devices- Fire extinguishers installed	() Yes () No () N/A	
36	Fire Devices- Any faults detected	() Yes () No () N/A	
37	Chemicals- MSDS in place	() Yes () No () N/A	
38	Chemicals- Stored in containers	() Yes () No () N/A	

Item #	Prompt	Responses	Comments
39	Chemicals- Are they Expired	() Yes () No () N/A	
40	House Keeping- Toilets Clean	() Yes () No () N/A	
41	House Keeping- Adequate rubbish disposal bins	() Yes () No () N/A	
42	House Keeping- Regular cleaning system	() Yes () No () N/A	
43	House Keeping- Does it require cleaning?	() Yes () No () N/A	
44	Sharps- Containers provided	() Yes () No () N/A	
45	Sharps- Any needle prick injuries/incidents	() Yes () No () N/A	
46	Sharps- Are they adequate sharp containers?	() Yes () No () N/A	
47	Staircase- Free of obstruction & fall	() Yes () No () N/A	
48	Staircase- Hand rails intact	() Yes () No () N/A	
49	Clinic Environment(Outside)- Clean & tidy	() Yes () No () N/A	
50	Clinic Environment(Outside)- Flower gardens tidy & flowers pruned	() Yes () No () N/A	
51	Water & Water Filters- Is it safe for drinking	() Yes () No () N/A	
52	Water & Water Filters- Is water sampling done on monthly basis	() Yes () No () N/A	
53	Water & Water Filters- Dose the filters need to be changed/cleaned?	() Yes () No () N/A	
54	Safety & Medical Notice Board- Have they been updated	() Yes () No () N/A	
55	Safety & Medical Notice Board- Are there any old notices that need to be removed	() Yes () No () N/A	
56	Safety & Medical Notice Board- Are they neat and tidy and in-order	() Yes () No () N/A	
57	2. CLINICS	(X) Yes () No () N/A	
58	Dangerous/Controlled Drugs- Are been checked Daily/weekly	() Yes () No () N/A	

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59	Dangerous/Controlled Drugs- Are they in dated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
60	Dispensary- Are the drugs stacked in order/ICARE Done	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
61	Dispensary- Are all drug items in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
62	Dispensary- Are there any expired drug items	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
63	Dispensary- Does drug store require cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
64	Medical Staff Tea Room- Is it neat and tidy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
65	Medical Staff Tea Room- Are there any dirty cups, teaspoons and spills	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
66	Drugs & Vaccines Fridge- Are all drugs & vaccines in dated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
67	Drugs & Vaccines Fridge- Is the fridge temperature maintained @ 5 °Celsius	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
68	Drugs & Vaccines Fridge- Does it require defrosting and cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
69	Emergency Trolleys /Equipment /Drugs /Iv Fluids- Are they checked weekly or twice weekly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
70	Emergency Trolleys /Equipment /Drugs /Iv Fluids- Are all drugs & items in dated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
71	3. VECTOR CONTROL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
72	Chemical Storage Container- Is ICARE Done	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
73	Chemical Storage Container- Is the air condition working 24 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
74	Chemical Storage Container- Is lighting in the chemical shed okay	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
75	Chemical Storage Container- Chemical Storage Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
76	Chemical Storage Container- Is chemical spill tray okay	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
77	Item Storage Container- Is ICARE Done	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
78	Item Storage Container- Are shelves in the container okay	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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79	Item Storage Container- Is lighting okay	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
80	Item Storage Container- Is ventilation okay	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
81	Equipment & Fuel Storage Area- Pre check is done prior to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
82	Equipment & Fuel Storage Area- It is alright to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
83	Vector Control Fogging Machine (thermal)- Pre check is done prior to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
84	Vector Control Fogging Machine (thermal)- It is alright to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
85	Ultra-Low Fog Machine (ULV)- Pre check is done prior to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
86	Ultra-Low Fog Machine (ULV)- It is alright to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
87	Birchmeier Spray Tanks- Pre check is done prior to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
88	Birchmeier Spray Tanks- It is alright to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
89	Vector Control Vehicle- Pre check is done prior to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
90	Vector Control Vehicle- It is alright to use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	