6.	The OPD/IPD case records are completed in respect of demographic data eg. Name, Age, Sex, Address, Contact No and with name of attending doctor and proper diagnosis of the case as per ICD criteria	Yes/No
7.	Average No. of Patients registered in OPD (per day)	302
8.	Average No. of Patients registered in IPD (per day) (P X 100 /365 X bed) (P = Total number of inpatient days (Total of daily inpatients on beds)	25

Visitor:		
(1)	(2)	(3)
Date:		

	department should be having a separate ultra- sound machine of its own)	understanding with super specialty hospital	with super specialty hospital	of understanding with super specialty hospital	
3.	Echocardiogram	01	01	01	01
4.	X-ray developing tank	Minimum I	Minimum I	Minimum1	01
5.	Safe light X-ray darkroom	Minimum 1	Minimum 1	Minimum I	Nat require
6.	Cassettes X-ray	Minimum 1	Minimum 1	Minimum I	DigitalXP
7.	Lead apron	Minimum 1	Minimum 1	Minimum I	01
8.	Intensifying screen X	Minimum 1	Minimum 1	Minimum I	Digital-X-
9.	Thyroid shield	Minimum I	Minimum 1	Minimum I	01
10.	TLD batches	One per person	One per perso	person	Available
11.	Gonadal guard	Minimum 1	Minimum I	Minimum 1	01
12.	X-ray lobby single	Minimum I	Minimum I	Minimum 1	01
1.22.	Hospital waste manager	ment system		Available/Not .	Verified
		in Server Trees Server	[#?	Available	1-
1.23.	Ambulance			Available	
1.24.	Lift			Not required	
1.25.	Ramp for patients with	disability	T.	Available	
1.26.	Wheel chairs & stretche	ers in the porch or vis	iting area	Available	
1.27.	Registers in hospital de	partment and laborate	ory namely		•
	Dead stock register			Available	
	Equipment or instrun	nents register		Available	
	Indent register			Anailable	
	Chemicals or solution	ns register		Available	
	Breakage register			Auailable	
	Medicines store regis			Available	
	Medicine dispensing	register		Available	
	Attendance register			Available	

	Verification by Visitation team:	29
1.	The OPD/IPD registers	Available/Not Available
2.	Case records maintained manually in the records room	Yes/No
3.	IPD cases are randomly examined with their OPD referral registration number and lab registers	Yes/No.
4.	Record of Casualty cases verified with central OPD registration number	Yes/Ny
5.	The OPD/IPD case records are completed in respect of totality of symptoms, diagnosis, reportorial totality, analysis and evaluation of case, diet advise with proper prescription and further follow up the case with all necessary blood/radiological investigations	

		Luga (3) (2
Inspectors/Visitor		
signature: (1)	(2)	(3)

46.	Vaginal Examination set	Minimum I	Minimum 1	Minimum 1	01
47.	Vulsellum	Minimum 1	Minimum 1	Minimum 1	04
1.19.	See sub-clause 16 (b) of se	sh susual attended to 66			75
1	See sub-clause 16. (b) of su	Equipment requiren	nents for Anaesthesi	tion 5 and regula a	ation
Sr. No.	Name of the Equipmen	en i overennintermekenden	31 to 50 beds	51 to 100 beds	Available
1.	Airway female & male	Adequate	Adequate	Adequate	Adequate
2,	Anaesthesia Trolley /Boyle's Apparatus	Minimum 1	Minimum 1	Minimum I	01
3.	Anesthetic- laryngoscop Magill's with Four blade		Minimum 2	Minimum 2	02
4.	CO2 cylinder for laparoscope	Minimum I	Minimum 1	Minimum 1	01
5.	Connector set of six for ETT	Minimum 1	Minimum 1	Minimum I	01
6.	Defibrillator or Automated external - defibrillator	Minimum 1	Minimum 1	Minimum I	01
7.	Endotracheal tube sets	Minimum 1	Minimum 1	Minimum 1	01
8.	Magill's forceps (two sizes)	Minimum 1	Minimum 1	Minimum 1	08
9.	Mouthprop	Minimum I	Minimum 1	Minimum I	01
10.	Multi-parameter Monito		Minimum 1	Minimum I	01
11.	N2O Cylinder for Boyle	es Minimum 1	Minimum 1	Minimum 1	01
12.	O2 cylinder for Boyles	Minimum I	Minimum I	Minimum 1	01
13.	Tongue depressors	Adequate	Adequate		Adequa
14.	Tubes connecting for ET	TT Adequate	Adequate	Adequate .	Adeque
1.20.	Rehabilitation unit 9inc	for physiotherapy	y and yoga facilities- are specified below:	4 8	
S. No		Instruments		Required	Available
a.	Diathermy machine			01	01
b.	Traction (cervical & lun	nbar)		01	01
c.	Physiotherapy cycle			01	01
d.	Ultrasound equipment			01	01
e.	Interferential therapy m	achine		01	01
f.	Transcutaneous Electric	al nerve Stimulation	n	01	61
g.	Treatment Table			01	01
1.21.		Imaging	Equipments	10 -	2
Sr. No.	Name of the Equipment	For 30 beds	31 to 50 beds	51 to 100 bed	Available
1.	300 M.A. X-ray machine/ Digital X-Ray machine	01	01	01	01
2.	Ultra Sonogram (Obstetries and	Optional or under	Optional or under Memorandum of	Optional or under	NA .

Inspectors/Visitor signature: (1) \_\_\_\_\_\_ (2)\_\_\_\_\_\_ (3)\_\_\_\_\_

	Instrument Set Piles, Fistula, Fissure				03set
14.	Instrument Trays of Various Sizes	Adequate	Adequate	Adequate	Adequate: Avalable 0
15.	Instrument Trolley	As needed	As needed	As needed	Avalable 0
16.	IV stands	As needed	As needed	As needed	Avalable
17.	Kidney tray	As needed	As needed	As needed	Audable
18.	Knife and seissor 1 each	As needed	As needed	As needed	Adequate
19.	L.P. Tray	Adequate	Adequate	Adequate	Adequate
20.	Magill's forceps (two sizes)	Adequate	Adequate	Adequate	Adequate
21.	Metallic or disposable insemination cannula	Adequate	Adequate		- 0
22.	Operation table Hydraulic Minor with stand	Minimum 1	Minimum 1	Minimum I	01
23.	OT Spotlight (Shadow less ceiling fitted/stand mounted)	Minimum 1	Minimum 1	Minimum I	01
24.	Oxygen Cylinder	Minimum 1	Minimum 1	Minimum 1	02
25.	Oxygen Mask with Circuit	Minimum 1	Minimum 1	Minimum 1	01
26.	Plastic aprons, gloves and mask	Adequate	Adequate	Adequate	Adequate
27.	Shadow less lamp ceiling type major or minor	1	1	2	01
28.	Shadow less Lamp Stand model	Minimum1	Minimum1	Minimum1	02
29.	Sims speculum in small, medium and large size	Adequate	Adequate	Adequate	-Adequa
30.	Sphygmomanometer	Minimum 1	Minimum 1	Minimum 1	
31.	Sterile cotton	As needed	As needed	As needed	Adaguak
32.	Sterile gloves	As needed	As needed	As needed	Adequat
33.	Sterilizer Small (Instruments)	As needed	As needed	As needed	Adequa
34.	Sterilizer big(Instrument)	As needed	As needed	As needed	
35.	Sterilizer Medium (Instrument)	Minimum 1	Minimum 1	Minimum	02 uaeq
36.	Stethoscope	Minimum 1	Minimum 1	Minimum	.
37.	Suction Apparatus - Electrical	Minimum 1	Minimum I	Minimum	02
38.	Suturing Set	Minimum I	Minimum 1	Minimum	
39.	Swab holders	Minimum 1	Minimum 1	Minimum	
40.	Thermometer	Minimum 1	Minimum 1	Minimum	
41.	Tongue depressors	Minimum I	Minimum 1	Minimum	
42.	Toothed forceps	Minimum 1	Minimum 1	Minimum	
43.	Two long(8inch) and two short (6inch) Artery forceps	Minimum 1	Minimum 1	Minimum	129
44.	Two Uterine sound	Minimum 1	Minimum 1	Minimum	1 .
45.	Urethral Dilator Set	Minimum 1	Minimum 1	Minimum	11 olset

Inspectors/Visitor		(2)
signature: (1)	(2)	(3)

xiv.	Glucometer	1 Per Area/Ward	1 Per Area/Ward	1 Per Area /Ward	Available
xv.	Hematology Analyser or Cell Counter	Minimum 1	Minimum I	Minimum 1	Available
xvi.	Haemoglobinometer	Minimum 1	Minimum 1	Minimum I	Available
xvii.	HbA1c machine	Minimum I	Minimum 1	Minimum 1	Aualable MOU
xviii.	Hot air oven	As needed	As needed	As needed	Auailable
xix.	Hot plates	As needed	As needed	As needed	Auailabl @
XX.	Lab Incubator	As needed	As needed	As needed	Auanlable
xxi.	Laboratory AutoClaves	As needed	As needed	As needed	Aumlable
xxii.	Micro pipette of different volumes	As needed	As needed	As needed	Arealable
xxiii.	PH meter	As needed	As needed	As needed	Aualable
xxiv.	Refrigerator	Minimum I	Minimum I	Minimum I	Auaill) e
XXV.	Rotor or Shaker	Minimum I	Minimum 1	Minimum I	Availble
xxvi.	Simple balances	Minimum I	Minimum I	Minimum I	Available
xxvii.	Spirit lamp	Minimum 1	Minimum I	Minimum 1	Available
xxviii.	TCDC count apparatus	As needed	As needed	As needed	Available
xxix.	Testtube holders	As needed	As needed	As needed	Anylable
vvv.	Testtube rack	As needed	As needed	As needed	Available
xxxi.	Test tube stands	As needed	As needed	As needed	Avulable
			As needed	As needed	Available
xxxii.	Timer stopwatch	As needed			
	Timer stopwatch Urine analyser	As needed Minimum 1			AugulableM
xxxiii.	Urine analyser Water bath See sub-clause 16. (a) of sub-	Minimum 1 As needed	Minimum 1 As needed Schedule-II of regula	Minimum 1 As needed	Available M Available
xxxiii. xxxiv. 1.18.	Urine analyser Water bath See sub-clause 16. (a) of sub- Operation theatre and la	Minimum 1 As needed regulation 16 of bour room- equi	Minimum 1 As needed Schedule-II of regula pment requirement to	Minimum 1 As needed tion 5 and regi for operation th	Auailable Mi Auailable Ca ulation neatre is
xxxiii. xxxiv.	Urine analyser Water bath See sub-clause 16. (a) of sub-	Minimum 1 As needed regulation 16 of	Minimum 1  As needed  Schedule-II of regulary  pment requirement to	Minimum 1 As needed	Available M Available
xxxiii. xxxiv. 1.18.	Urine analyser Water bath See sub-clause 16. (a) of sub- Operation theatre and la	Minimum 1 As needed regulation 16 of bour room- equi	Minimum 1 As needed Schedule-II of regula pment requirement to	Minimum 1 As needed  ation 5 and region operation the state of the sta	Available Manual Available
xxxiii. xxxiv. 1.18. Sr. No.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal	Minimum 1 As needed regulation 16 of abour room- equi mentioned 1 For 30 bed	Minimum 1 As needed  Schedule-II of regulary prent requirement to below in table.  31 to 50 bed  Adequate	Minimum 1 As needed  ation 5 and region operation the second seco	Available Marie of Available  Available  Adequate
Sr. No.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor	Minimum 1 As needed regulation 16 of bour room- equi mentioned 1 For 30 bed  Adequate	Minimum 1 As needed Schedule-II of regular pment requirement to below in table.  31 to 50 bed	Minimum 1 As needed  tion 5 and regr for operation the state of the st	Available  Available  Available  Adequate
Sr. No. 1. 2. 3. 4.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor Artery forceps Auto Clave HP Vertical (2bin)  Autoclave equipment for sterilization/Sterilizer	Minimum 1 As needed  regulation 16 of abour room- equimentioned 1 For 30 bed  Adequate  Adequate  Minimum 1  Minimum 1	Minimum 1 As needed  Schedule-II of regulary prent requirement to below in table.  31 to 50 bed  Adequate  Adequate	Minimum I As needed  ation 5 and regr for operation the sed  51 to 100 bed  Adequate  Adequate	Available  Available  Available  Adequate  O 1
xxxiii. xxxiv. 1.18. Sr. No. 1. 2. 3. 4.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor Artery forceps Auto Clave HP Vertical (2bin)  Autoclave equipment for sterilization/Sterilizer  Bladder sound (Urethral dilators) of different sizes	Minimum 1 As needed regulation 16 of shour room- equimentioned 1 For 30 bed Adequate Adequate Minimum 1 Minimum 1	Minimum 1 As needed  Schedule-II of regulary prent requirement to below in table.  31 to 50 bed  Adequate  Adequate  Minimum 1	Minimum 1 As needed  ation 5 and region operation the sed  51 to 100 bed  Adequate  Adequate  Minimum 1	Available  Available  Available  Adequate  Adequate  01
Sr. No. 1.18. 2. 3. 4. 5.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor Artery forceps Auto Clave HP Vertical (2bin)  Autoclave equipment for sterilization/Sterilizer  Bladder sound (Urethral dilators) of different sizes Cusco's Speculum	Minimum 1 As needed  regulation 16 of abour room- equimentioned 1 For 30 bed  Adequate  Adequate  Minimum 1  Minimum 1	Minimum 1 As needed  Schedule-II of regular price pric	Minimum 1 As needed  tion 5 and regr for operation the sed Adequate Adequate Minimum 1 Minimum 1	Available  Adequate  Adequate  01  07  05
xxxiii. xxxiv. 1.18. Sr. No. 1. 2. 3. 4. 5.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor Artery forceps Auto Clave HP Vertical (2bin)  Autoclave equipment for sterilization/Sterilizer  Bladder sound (Urethral dilators)of different sizes Cusco's Speculum  Diathermy Machine (Electric Cautery)	Minimum 1 As needed regulation 16 of shour room- equimentioned 1 For 30 bed Adequate Adequate Minimum 1 Minimum 1	Minimum 1 As needed  Schedule-II of regulary prent requirement to below in table.  31 to 50 bed  Adequate  Adequate  Minimum 1  Minimum 1	Minimum I As needed  ation 5 and regr for operation the sed  Adequate Adequate Adequate Minimum I Minimum I	Available  Available  Available  Adequate  Adequate  01  07  05  05
Sr. No. 1.18. 2. 3. 4. 5. 6. 7.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor Artery forceps Auto Clave HP Vertical (2bin)  Autoclave equipment for sterilization/Sterilizer  Bladder sound (Urethral dilators) of different sizes Cusco's Speculum  Diathermy Machine (Electric Cautery)  Disposable syringes (5-10cc)	Minimum 1 As needed  regulation 16 of abour room- equimentioned 1 For 30 bed  Adequate  Adequate  Minimum 1  Minimum 1  As needed	Minimum 1 As needed  Schedule-II of regular price pric	Minimum I As needed  Ition 5 and regr for operation the second se	Available Adequate Adequate 01 07 05 05
xxxiii. xxxiv. 1.18. Sr. No. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor Artery forceps Auto Clave HP Vertical (2bin)  Autoclave equipment for sterilization/Sterilizer Bladder sound (Urethral dilators)of different sizes Cusco's Speculum Diathermy Machine (Electric Cautery)  Disposable syringes (5-10cc) Enema Pot	Minimum 1 As needed  regulation 16 of shour room- equimentioned 1 For 30 bed  Adequate  Adequate  Minimum 1  Minimum 1  As needed  As needed	Minimum 1 As needed  Schedule-II of regular price pric	Minimum I As needed  tion 5 and regr for operation tl  51 to 100 bed Adequate Adequate Minimum I Minimum I As needed As needed	Available Adequate Adequate 01 07 05 05 01 Available
Sr. No. 1.18. 2. 3. 4. 5. 6. 7. 8.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor Artery forceps Auto Clave HP Vertical (2bin)  Autoclave equipment for sterilization/Sterilizer  Bladder sound (Urethral dilators) of different sizes Cusco's Speculum  Diathermy Machine (Electric Cautery)  Disposable syringes (5-10cc) Enema Pot Focus lamp Ordinary	Minimum 1 As needed  regulation 16 of abour room- equimentioned 1 For 30 bed  Adequate  Adequate  Minimum 1  Minimum 1  As needed  As needed  As needed	Minimum 1 As needed  Schedule-II of regular prent requirement to below in table.  31 to 50 bed  Adequate  Adequate  Minimum 1  Minimum 1  As needed  As needed  As needed	Minimum I As needed  tion 5 and regr for operation the sed Adequate Adequate Adequate Minimum I Minimum I As needed As needed As needed Minimum	Available  Adequate  Adequate  Adequate  O1  07  05  01  Available
Sr. No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor Artery forceps Auto Clave HP Vertical (2bin)  Autoclave equipment for sterilization/Sterilizer Bladder sound (Urethral dilators)of different sizes Cusco's Speculum Diathermy Machine (Electric Cautery)  Disposable syringes (5-10cc) Enema Pot	Minimum 1 As needed  regulation 16 of shour room- equimentioned 1 For 30 bed  Adequate  Adequate  Minimum 1  Minimum 1  As needed  As needed  As needed  Minimum 1	Minimum 1 As needed  Schedule-II of regular pment requirement to below in table.  31 to 50 bed  Adequate  Adequate  Minimum 1  Minimum 1  As needed  As needed  As needed  Minimum 1	Minimum 1 As needed  ation 5 and regr for operation the second se	Available  Available  Adequate  Adequate  01  07  05  05  01  Available
Sr. No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Urine analyser Water bath  See sub-clause 16. (a) of sub- Operation theatre and la  Name of the Equipment  Anterior vaginal Wall retractor Artery forceps Auto Clave HP Vertical (2bin)  Autoclave equipment for sterilization/Sterilizer  Bladder sound (Urethral dilators) of different sizes Cusco's Speculum  Diathermy Machine (Electric Cautery)  Disposable syringes (5-10cc) Enema Pot Focus lamp Ordinary	Minimum 1 As needed  regulation 16 of abour room- equimentioned 1 For 30 bed  Adequate  Adequate  Minimum 1  Minimum 1  As needed  As needed  As needed  Minimum 1  Minimum 1	Minimum 1 As needed  Schedule-II of regular pment requirement to below in table.  31 to 50 bed  Adequate  Adequate  Minimum 1  Minimum 1  As needed  As needed  As needed  Minimum 1  Minimum 1  Minimum 1	Minimum I As needed  tion 5 and regr for operation the sed Adequate Adequate Adequate Minimum I Minimum I As needed As needed As needed Minimum	Available  Available  Adequate  Adequate  O1  87  05  01  Available  Auailable  Auailable  Auailable  Auailable

Inspectors/Visitor		Page 70   79
signature: (1)	(2)	(3)

	Inj. Deriphyllin	As per LP	Minimum 16 Ampules	Availab	
1.	Inj. Phenytoin sodium	As per LP	Minimum 10 Ampules	Availab	e
5.	Inj. Avil	As per LP	Minimum 10 Ampules	Availab	10
6.	Inj. Ondansetron	As per I.P	Minimum 10 Ampules	Auailat	ole
7.	Inj. KCI	As per LP	Minimum 10 Ampules	Availab	16
8.	Inj. Lignocaine2%	As per LP	Minimum 10 Ampules	Availal	ole
9,	Inj. Amiadarone	As per LP	Minimum 10 Ampules	Availat	ole
20.	Inj. Magnesium sulphate	As per LP	Minimum 10 Ampules	Auailab	le
21.	Inj. Mannitol	As per LP	Minimum 10 Ampules	Auaila	Pie
22.	Inj. Morphine/Inj.Pethidine	As per LP	Minimum 10 Ampules	Availab	
23.	Inj. Noradrenaline bititrate	As per LP	Minimum 10 Ampules	Availab	
24.	Inj. Fentanyl	As per LP	Minimum 10 Ampules	Analab	le
25.	Water for Injection	As per I.P	Minimum 10 Ampules	Auaila	ble
26.	Inj. Sodium Valporate	As per LP	Minimum 10 Ampules	Auarlas	ole
27.	Inj. Voveran	As per LP	Minimum 10 Ampules	Availab	
28.	Inj. Paracetamol	As per LP	Minimum 10 Ampules	Availab	le
29.	Metoprolol Injection	As per LP	Minimum 10 Ampules	Auarla	ble
30.	N/2 saline Injection	As per LP	Minimum 10 Ampules	Availa	ble
		As per LP	Minimum 10	Auaila	ble
31.	Oxygen Inhalation	1010 DE	Ampules		
			ave facility of scar	ning and sono	graphy
31.	Oxygen Inhalation  Central laboratories: - the equipment in own hospitalian control of the contr	ne college shall b	nave facility of scar U with NABL accr	nning and sone edited supersp	graphy occiality
1.17.	Central laboratories: - the equipment in own hospit	ne college shall b	nave facility of scar U with NABL accr pital 31 to 50 bed	nning and sono edited supersp 51 to 100 bed	graphy
		ne college shall be tal or under Mo Hos For 30 bed 1 Per	nave facility of scar U with NABL accr pital	oning and sono edited supersp 51 to 100 bed 	graphy beciality  Available
1.17. Sr. No i.	Central laboratories: - the equipment in own hospid Name of the equipment Alarm clock	ne college shall be tal or under Mo Hos For 30 bed	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional	oning and sono edited supersp 51 to 100 bed 	graphy beciality  Available
1.17. Sr. No i.	Central laboratories: - the equipment in own hospit Name of the equipment Alarm clock  Automatic cell counter	re college shall be tal or under Mo Hos For 30 bed 1 Per Area/Ward	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward	oning and sono edited supersp 51 to 100 bed 	Available Available Notrequire Available
1.17. Sr. No i.	Central laboratories: - the equipment in own hospid Name of the equipment Alarm clock  Automatic cell counter Auto analyzer or Semiauto analyzer	For 30 bed  1 Per Area/Ward Optional	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional	51 to 100 bed 1 Per Area/Ward Minimum 1 Optional	Available Available Notrequire Available
1.17. Sr. No i.	Central laboratories: - the equipment in own hospid Name of the equipment Alarm clock  Automatic cell counter Auto analyzer or Semiauto analyzer Auto clave	re college shall be tal or under Mo Hos For 30 bed 1 Per Area/Ward Optional Optional	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional Minimum 1	51 to 100 bed 1 Per Area/Ward Minimum 1 Optional	Available Available Not require Available Available Available Available
1.17. Sr. No i. ii. iii.	Central laboratories: - the equipment in own hospid Name of the equipment Alarm clock  Automatic cell counter Auto analyzer or Semiauto analyzer Auto clave  Binocular Microscope	For 30 bed I Per Area/Ward Optional Minimum 1 Minimum 1	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional Minimum 1 Minimum 1	51 to 100 bed 1 Per Area/Ward Minimum 1 Optional Minimum 1 Minimum 1	Available Available Not require Available Available Available Available
1.17.  Sr. No i. ii. iii. iv.	Central laboratories: - the equipment in own hospid Name of the equipment Alarm clock  Automatic cell counter Auto analyzer or Seminauto analyzer Auto clave  Binocular Microscope  Biochemistry analyser	For 30 bed 1 Per Area/Ward Optional Minimum 1 Minimum 1 Minimum 1	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional Minimum I Minimum I Minimum I	51 to 100 bed 1 Per Area/Ward Minimum 1 Optional Minimum 1 Minimum 1 Minimum 1	Available Available Notrequire Available Available Available Available Available Available
1.17.  Sr. No i. ii. iii. v.	Central laboratories: - the equipment in own hospid spide of the equipment alarm clock  Automatic cell counter Auto analyzer or Seminauto analyzer Auto clave  Binocular Microscope  Biochemistry analyser  Chemical Balances	re college shall I tal or under Mo Hos For 30 bed I Per Area/Ward Optional Optional Minimum I Minimum I Minimum I Minimum I	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional Minimum I Minimum I Minimum I Minimum I	51 to 100 bed 1 Per Area/Ward Minimum 1 Optional Minimum 1 Minimum 1 Minimum 1 Minimum 1 Minimum 1	Available
1,17.  Sr. No i. ii. iii. iv. v. vi.	Central laboratories: - the equipment in own hospid Name of the equipment Alarm clock  Automatic cell counter Auto analyzer or Seminauto analyzer Auto clave  Binocular Microscope  Biochemistry analyser  Chemical Balances  Counting chamber	For 30 bed 1 Per Area/Ward Optional Minimum 1	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional Minimum I	51 to 100 bed 1 Per Area/Ward Minimum 1 Optional Minimum 1	Available Available Not require Available
1.17.  Sr. No i. ii. iii. iv. v. vi. vii.	Central laboratories: - tl equipment in own hospid  Name of the equipment Alarm clock  Automatic cell counter Auto analyzer or Semiauto analyzer Auto clave Binocular Microscope Biochemistry analyser Chemical Balances Counting chamber Electric Colorimeter	For 30 bed 1 Per Area/Ward Optional Minimum 1	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional Minimum I	51 to 100 bed 1 Per Area/Ward Minimum 1 Optional Minimum 1	Available
1.17.  Sr. No i. ii. iii. iv. v. vi. vii. viii. ix.	Central laboratories: - tl equipment in own hospid  Name of the equipment Alarm clock  Automatic cell counter Auto analyzer or Semiauto analyzer Auto clave Binocular Microscope Biochemistry analyser Chemical Balances Counting chamber Electric Colorimeter	re college shall I tal or under Mo Hos For 30 bed I Per Area/Ward Optional Optional Minimum I	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional Minimum 1	51 to 100 bed  1 Per Area/Ward  Minimum 1  Optional  Minimum 1  Minimum 1	Available
1.17.  Sr. No     i.  ii.  iii.  v.  vi.  vii.  viii.  ix,  x.	Central laboratories: - the equipment in own hospid Name of the equipment Alarm clock  Automatic cell counter Auto analyzer or Seminauto analyzer Auto clave Binocular Microscope Biochemistry analyser Chemical Balances Counting chamber Electric Colorimeter Centrifuge Machine	For 30 bed  1 Per Area/Ward Optional  Minimum 1	ave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional Minimum 1	51 to 100 bed  1 Per Area/Ward  Minimum 1  Optional  Minimum 1  Minimum 1	Available
1.17.  Sr. No i. ii. iii. iv. v. vi. vii. viii. ix.	Central laboratories: - tl equipment in own hospid  Name of the equipment Alarm clock  Automatic cell counter Auto analyzer or Semiauto analyzer Auto clave Binocular Microscope Biochemistry analyser Chemical Balances Counting chamber Electric Colorimeter	re college shall I tal or under Mo Hos For 30 bed I Per Area/Ward Optional Optional Minimum I	nave facility of scar U with NABL accr pital 31 to 50 bed 1 Per Area/Ward Optional Optional Minimum 1	51 to 100 bed  1 Per Area/Ward  Minimum 1  Optional  Minimum 1  Minimum 1	Available

В.		Local Ana	iesthesia	=10
1	Injection Bupivacaine Hydrochloride	0.25%,0.5%0.5% +7.5%Gluco se	As per requirement	1
2	Spray Ethyl Chloride	1%	As per requirement	_
3	Injection Lignocaine	Topical Forms 2-	As per requirement	
4	1.7	5%	. is per requirement	Available
	Injection Lignocaine	Hydrochloride 1- 2% Spinal 5% + 7.5% Glucose	As per requirement	As per
5	Injection Lignocaine Hydrochloride + Adrenaline	1%, 2% +Adrenaline 1:200.000 In vial	As per requirement	Available As per Requirement
C.	Preoperative Me		tion for Short Terr	n Procedures
1	Injection Atropine	0.6mg/ml	As per	α
2	Sulphate		requirement	Aualable
	Injection Diazepam	5mg Injection 5mg/ ml	As per requirement	Ayaylable
3	any other medication as decided by the concerned anesthetist		As per requirement	Available Available Available
D	16			
D. Sr.no	(See sub-clause (ii) 12.(b) of Name of the drug	sub-regulation 12 o 9) Emerge Strength	of Schedule- II of reg ncy Drugs Minimum	
Sr.no	Name of the drug	9) Emerge Strength	ncy Drugs Minimum quantity	ulation 5 and regulation Available
Sr.no	Name of the drug	9) Emerge	Minimum quantity Minimum 10	Available
5r.no 1. 2.	Name of the drug  Inj. Adrenaline  Inj. Atropine	9) Emerge Strength	Minimum quantity Minimum 10 Ampules Minimum 10	Available Auarlable
Sr.no 1. 2. 3.	Name of the drug  Inj. Adrenaline  Inj. Atropine  Inj. Calcium Carbonate	9) Emerge Strength As per I.P	Minimum quantity Minimum 10 Ampules Minimum 10 Ampules Minimum 10 Ampules Minimum 10	Available Available Available
Sr.no 1. 2. 3. 4.	Name of the drug  Inj. Adrenaline  Inj. Atropine  Inj. Calcium Carbonate  Inj. Dopamine	Strength As per I.P As per I.P As per I.P As per I.P	Minimum quantity Minimum 10 Ampules Minimum 10 Ampules	Available Auarlable
5r.no 1. 2. 3. 4.	Name of the drug  Inj. Adrenaline  Inj. Atropine  Inj. Calcium Carbonate  Inj. Dopamine  Inj. Dobutamine	Strength As per I.P As per I.P As per I.P	Minimum quantity Minimum 10 Ampules Minimum 10	Available Available Available Available
5r.no 1. 2. 3. 4. 5.	Inj. Adrenaline Inj. Atropine Inj. Calcium Carbonate Inj. Dopamine Inj. Dobutamine Inj. Nitro-glycerine	Strength As per I.P As per I.P As per I.P As per I.P	Minimum quantity Minimum 10 Ampules	Available Available Available Available Available Available Available
5. 6.	Name of the drug  Inj. Adrenaline  Inj. Atropine  Inj. Calcium Carbonate  Inj. Dopamine  Inj. Dobutamine  Inj. Nitro-glycerine  Inj. Sodium Bicarbonate	Strength As per I.P	Minimum quantity Minimum 10 Ampules	Available Available Available Available Available Available Available Available Available
5r.no 1. 2. 3. 4. 5. 6. 7.	Name of the drug  Inj. Adrenaline  Inj. Atropine  Inj. Calcium Carbonate  Inj. Dopamine  Inj. Dobutamine  Inj. Nitro-glycerine  Inj. Sodium Bicarbonate  Inj. Hydrocortisone	Strength As per LP	Minimum quantity Minimum 10 Ampules	Available
5r.no 1. 2. 3. 4. 5. 6. 7.	Name of the drug  Inj. Adrenaline  Inj. Atropine  Inj. Calcium Carbonate  Inj. Dopamine  Inj. Dobutamine  Inj. Nitro-glycerine  Inj. Sodium Bicarbonate	Strength  As per I.P	Minimum quantity Minimum 10 Ampules	Available
5. 4. 5. 6. 7. 8. 9.	Inj. Adrenaline Inj. Atropine Inj. Calcium Carbonate Inj. Dopamine Inj. Dobutamine Inj. Nitro-glycerine Inj. Sodium Bicarbonate Inj. Hydrocortisone Inhaler Beclomethasone(250micro/dose Inhaler Salbutamol(200micrograms)	Strength  As per I.P	Minimum quantity Minimum 10 Ampules	Available
5r.no 1. 2. 3. 4. 5. 6. 7.	Name of the drug  Inj. Adrenaline  Inj. Atropine  Inj. Calcium Carbonate  Inj. Dopamine  Inj. Dobutamine  Inj. Nitro-glycerine  Inj. Sodium Bicarbonate  Inj. Hydrocortisone  Inhaler  Beclomethasone(250micro/dose Inhaler	Strength  As per I.P  As per I.P	Minimum quantity Minimum 10 Ampules	Available

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	X-ray viewer – one per ward	1 per ward	1 per ward	l per ward		iailable
1.14.	Ward Bed and Out Patie	ent Department s	trength mentic	oned in table of	A maile	blo
Sr. No	Intake capacity per year	Minimum number of beds in IPD	Minimum p day average of patient OPD durin	No.	Available	
	No. of PG seats sanctioned and 1 bed is earmarked	0	last one calendar year (300 days)			
	Upto 60 students	30	180		NA	10
	61-100 students	50	300		300.	Available
1.15.	Hospital pharmacy with wel	I furnished disper	nsaries	Requi		
	SLCOV SAME	Pha	01		01	
	Staff:- Emergency unit: shall be	Die	penser	02		02
	(See sub-clause 12.(a) of sub-	quipment and di o-regulation 12 of Emergency	ugs are men Schedule- II o Equipments	f regulation 5	and re	
	Name of the equipment	For 30 bed	31 to 50	bed 51 to		
	Emergency equipment box For first aid and Basic Life	Minimum1	Minimur			Available
	Support Skill Crash- Cardtrolley:1	Minimum1	Minimu	A STATE OF THE PARTY OF T	num l	Auailable
	Portable defibrillator:1	Optional	Option		numl	NA
	Disposable syringes	As needed	As need	27.	eeded	Available
	Ambu Bag:1	Minimum I	Minimur		num I	Available
	Laryngoscope with cell	Minimum I	Minimur		num 1 num 1	Available
	Scaled battery cell	Minimum 1 As needed	As need	75.07.10.11	eeded	Available
	Endotracheal tubes Monitor	As needed	As need		eeded	Auarlabi
	(See sub-clause (i) 12.(b) of		of Schedule- sthetic Drugs		i 5 and	d regulation
Sr.no	Name of the drug	Strength	Minim quant		Available	
A.	General Anethesia	to be given only	by a qualified	l allopathy ana	esthet	tist)
1.	Ether,	-	As per requ	irement 1		
2.	Halothane	-	As per requ	nirement )		
3.	Isoflurane*		As per requ	uirement (		
4.	Ketamine Hydrochloride Injection	10mg /ml,50 m /ml	g As per requ			ailable As per
5.	Nitrous Oxide	Medical grade	As per req	uirement		equiremen
		Market and	Aceste	relamentary I	1	SCHOOL STATE
6.	Oxygen	Medical grade	As per req	uirement	1	36.

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7.	Biomedical waste colour coded bins	One set each per floor	One set each per floor	One set each per floor	Available
S.	Cheatle forceps assorted sizes	8	16	25	16
9.	Clock per ward	1 per ward	I per ward	1 per ward	Available
10.	Containers for kitchen	As required	As required	As required	Available
11.	Dressing trolley-lper floor/ ward depending on layout	1 per ward	1 per ward	1 per ward	Available
12.	Dust bins in each ward And consultation room	1 per ward	I per ward	1 per ward	Available
13.	Emergency Resuscitation kit	1 per floor	1 per floor	l per floor	Available
14.	Enema Set	As required	As required	As required	Lyailabe
15.	Fridge	As required	As required	As required	Available
16.	Heavy duty Torch light –1per ward	1 per ward	1 per ward	1 per ward	Available
17.	Hot Water Bags 2 Per ward	2 per ward	2 per ward	2 per ward	Available
18.	I V Stands - 2 per 10beds	2 per 10 beds	2 per 10 beds	2 per 10 beds	Available
19.	Infra-Red lamp	5	10	10	10
20.	Instrument tray— minimum I perward	minimum 1 per ward	minimum 1 per ward	minimum I per ward	Available
21.	Instrument trolley – 1 per ward	minimum I per ward	minimum 1 per ward	minimum I per ward	Available
22.	Intercom System	As required	As required	As required	MU
23.	Kidney Trays-I per 5 beds	1 per 5 beds	1 per 5beds	1 per 5 beds	Available
24.	Medicine trolley	minimum I per ward	minimum 1 per ward	minimum 1 per ward	Available
25.	Needle cutter – 3 Per ward	3 per ward	3 per ward	3 per ward	12
26.	Non mercury Thermometer clinical – Iperward	I per ward	1 per ward	I per ward	Available
27.	O2cylinderwithspanner – Iperward	1 per ward	1 per ward	1 per ward	-Available
28.	Patients Examination table—1 per ward/ floorAs per the profile of patients & layout of facility	1 per ward	1 per ward	I per ward	Availabe
29.	Sphygmomanometers Stand Type1 & Portable (ancroid or Digital) Type 1 –1per ward	1 per ward	1 per ward	1 per ward	Auailable
30.	Stretcher/Patient trolley –	1 per ward	1 per ward	1 per ward	Available Available
31.	Weighing Machine – Iper ward	1 per ward	1 per ward	I per ward	Available

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		beds		
II Bell	1 per bed	1 per bed		Not require
eker	1 per bed	1 per bed	1 per bed	Available
examination per ward or per the profile ats and facility	- 1 per ward or floor as per the profile of patients and layout of facility	- 1 per ward or floor as per the profile of patients and layout of facility	- 1 per ward or floor as per the profile of patients and layout of facility	Anailabla
ide table	1 per bed	1 per bed	I per bed	Available
cots with as per scope of	as per scope of services	as per scope of services	as per scope of services	Available Available
Wooden I	16	20	25	Available
k	10	20	40	Ajailable
er bed	8	15	25	Available
evolving - 1 per	2 per ward	2 per ward	2 per ward	Available
r or Patient I per ward	1 per ward	I per ward	1 per ward	Available
Male and	20	50	100	harlable
chairs or for patients	50% of the bed strengths	50% of the bed strengths	50% of the bed strengths	Available
ng Machine	1 per ward	1 per ward	1 per ward	Available
hair	2 per 50 beds	2 per 50 beds	2 per 50 beds	
iewer	one per ward	one per ward	one per ward	Available
iev	ver	ver one per ward	beds wer one per ward one per ward	beds beds  ver one per ward one per one per ward

(See sub-clause 9.(c) of sub-regulation 9 of Schedule- II of regulation 5 and regulation 9) Equipments Requirements for In-Patient Department (IPD) (en circle sanctioned bed strength)

Sr. No	Name of the Equipment	For 30 Beds	31 to 50 beds	51 to 100	Available
I.	Ambu bags	6	6	6	06
2.	Arm Board Adult	12	24	24	
3.	Autoclave Drums	6	9	12	24
4.	Back rest	4	8	20	08
5.	Bain marie trolley stainless steel 1 per floor	2	4	8	04
6.	Bed pans, 1 per 5patients	6	10	20	10

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			between the beds		
	D. L. Dlastin	12	24	24	24
8. 9.	Bucket Plastic Ceiling Fans	As per	As per requirement	requirement	Adequately Available
		requirement	1 per ward	L nor word	Available
10.	Clock1perward	1 per ward	As needed	As needed	Available
11.	Containers for kitchen	As needed	As needed	As needed	Available
12.	Doctor's chair for OP and ward,	As needed	I I C South	20	10
13.	Doctor's or Office	3	10	10	
14.	Dressing trolley-1 per floor/ ward depending on layout	4	8	15	08
15.	Dust bins in each ward and	6	12		12
	consultation room	8	20	30	20
16. 17.	Duty table for nurses Emergency	I per floor	1 per floor	1 per floor	Available
	resuscitation kit	1	4	8	04
18. 19.	Enema Set Fire extinguisher –	ABC 1 per	ABC 1 per ward or	ABC 1 per ward or	04 Available
		ward or floor based on	floor based on layout	floor based on layout	
	1907 100 100 100 100 100 100 100 100 100 1	layout	25	25	25
20.	Foot stools	16	1 Per Area	1 Per Area	1 John
21.	Fridge	1 Per Area or Ward	or Ward	or Ward	Available Available
22.	Heavy duty Torch light	1 per ward	1 per ward	500	Not requir
23.	Hospital Cots	100	300	50	No
24.	Hospital Cots Pediatric	10	30	1	Available
25.	Hot Water Bags 2 per ward	2 per ward	2 per ward	2 per ward	Available
- 2	Ice bags	2 per ward	2 per ward	2 per ward	Huarian
26.	Hot Water geyser	2 per ward	2 per ward	2 per ward	Available
27.	I V Stands - 2 per 10 beds	20	50	100	Available
28.	Intercom System	2 per ward	2 per ward	2 per ward	A 1.1-
29.	Kidney Trays1 per 5 beds		50	-50	Available
30.	Kitchen utensils,	Adequate	Adequate	Adequate	Available
31.	Massage table of 7ft, x 2.5ft (wood or	One per procedure room	One per Procedure room	One per procedure room	Available
	fiber) if service is provided	NICAS MAN.		1 - or word	Aualable
22	Medicine trolley	1 per ward	1 per ward	1 per ward	Available
33.	Office chairs	8	20	20	Available
34.	Office Table	6	10	10	1 11
35. 36.	patient Beds with side	20% of total beds	20% of total	20% of tota beds	Available

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1.11.	Medical record management ar	nd	Available	Veri	fied	
	Disposal: Digitalized Medical records atlea	st for past	Available			
	ten years Medical records in Hard copy-for	Contract Con	Available			
	sheets for 5 years For OPD registers and duplicate	record if	Available			
	any (for 5 years )  Medico legal registers and case s		Available	2		
ole state	years or till disposal of ongoing of MoU with nearby multispecial	ity hospital of	Modern Medicin	c for following	facilities	
1.12.	Operation theatre, labour room, i care unit, and other required faci	intensive	Available Available			
	emergency cases.  Radiological (CT Scan, MRI, US special lab investigation.	SG) and	Available			
1.13.	Indoor Patient Department: Wards and rooms for inpatient d	lepartment	Required	Ava	ilable	
a.	General Medicine		50% (Acute 10% Chronic 40%)	and Avai	able	
	*		20%	Ava	1lable	
	Surgery		20% Avai			
	Obstetrics & Gynecology	10%	1 1	able		
	Paediatrics		Seprate	for mole		
	Toilets and bathrooms (separate	Tot mate & fer	(idio)	Aud	able	
	Doctors duty room	or nurses		Auai	able	
	Nursing stations or duty room for	oi nuises	+	Avai	able	
	Pharmacy with essentials medic		Auailable			
8	Record room Furniture/Fixture Re	equirements fo	or IPD mentioned	in table below:	-	
b	(C t -tours 0 (b) of sub-regu	lation 9 of Sche	dule- II of regulati	on 5 and regulati	on 9)	
	Furniture	e/Fixture Requ	irements for IF D	51 to 100	Available	
Sr.	No Name of the Equipment	For 30 Bed	s 31 to 50 beds		Ayamabic	
1.	Iron beds(simple, surgical & pediatrics)	30	50	100	50	
2.	Adequate wall or steel Cupboards	4	8	15	08	
3.	Arm Board Adult	12	24	24	24	
4.	Backrest	4	8	20	08	
5.	Bain marie trolley stainless steel 1 per floor	1 per floor		1 per floor	01	
6.	Bed side cabinets	1per 5 patier	patients	1per 5 patients		
7.	Bedside Screen	I per ward full lengtl curtains between th beds	or full length	I per ward or full length curtains between the beds	04	

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	Essential diagnostic tools required for examination of patients as per the scope of services offered by the hospital.	As per requirement	As per requirement	As per requirement	Auxilable A Adequate
xi.	Light source which gives light colour and temperature similar to solar light, Light intensity of atleast 500 lux at the point of examination	As per requirement	As per requirement As	per requirement	Available  Adequate as per Norms
xii.	computers	l per consultation room	1 per consultation room	l per consultation room	Available
xiii.	Telephone	As per requirement	As per requirement	As per requirement	Avoilable
xiv.	equipment Airconditioning	As per requirement	As per requirement	As per requirement	Not Requir
xv.	Adequate lockable	As per requirement	As per requirement	As per requirement	Available
xvi.	Foot stools	l per consultation room	l per consultation room	1 per consultation room	Available Available Available
1.8.		Periphe	ral OPD		
Sr. No	Parti	culars		Available No.	
i.	Maximum of 10 perip established in teachin	heral OPDs may be	10	1 -11	FIS.
ii.	Registers-information Space for Post Graduate students, discussion rooms, Post Graduate Teaching faculty room and Departmental Library -90 sq. mtr.should be maintain on daily central OPD and No. of		МА	14	
iii.	referrals from Periphe Case records shall be of OPDs in collegiate	clubbed with records			ith Central C
1.9.	Space Requireme	nt: Hospital shall be su IPD in addition to	itably spacious o following nam	to accommoda ely:-	te to OPD &
	room, clinical laborate medical record room. labour room, store ro	vaiting area, dispensing tory, radiology section, operation theatre, om, separate wards for	Auc	ilable 47	*Jequate
1,10.	Record Maintenance	computerized central	Auo	ilable 4	Azequate

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	2. REQUIREMEN (See sub regulation (a) a	T OF HOMOEOPAT nd (b) of regulation 5	, sub-regulation	(a) of regulatio	n 9)
3.	General				
1.1.	OPD: Patient waiting Ar	ea, consultation	Yes / No		
1.1.	room or examination room, first aid kit		V /N/		
1.2.	Indoor wards		Yes / No		
1.3.	Operation Theatre		Yes / No		
1.4.	Laboratories		Yes / No		
1.5.	Registration certificate from Pollution		Yes / No		
1.5.	control board		Yes / No ion room or examination room, first aid kit schedule- II of regulation 5 and regulation 9)		
1.6.	Clearence permission from concerned state or				
5,0000	Union Territory or local authority to establish				
	or run the hospital.				
1.7.	OPD Area: Patient w (See sub-clause 4.(a) Furni	of sub-regulation 4 of S ture/Fixture/Equipme	nts Requirement	lation 5 and reg	ulation 9) Available
Sr. No.	Name of the Equipment	For 30 beds	31 to 50 beds	beds	
i.	Room with well- lighted and ventilated and equipped with a chair and a table for	l per consultation room	Iper consultation room	1 per consultation room	Available
ii.	doctor X-ray viewer	l per consultation room	l per consultation room	lper consultation room	Available
iii.	Two chairs for patients and	1set per consultation room	1 per consultation room	consultation room	Available
iv.	An examination table of 6 ft. X 2.5ft.With privacy	1per consultation room	lper consultation room	l per consultation room	Auailable
V.	Blood pressure apparatus	lper consultation room	lper consultation room	lper consultation room	Available
vi.	Stethoscope	lper consultation room	lper consultation room	lper consultation room	Available
vii.	Torch	1per consultation room	1per consultation room		
viii.	Thermometer	lper consultation room	lper consultation room	l per consultation room	Available Available
ix.	Weighing machine.	1per consultation room	lper consultation room	lper consultation room	Available