



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

HOSPITAL

- 1. Name of the Hospital GENIUS HOSPITAL
- 2. Address 53. A.V.V. ROAD, ARRARAIPATHU
- 3. Date of Establishment 10 -07 2008
- 4. Province EASTERN District AMPARA
- 5. Name of the Owner MR. A. M. RASHEED
- 6. Name of the Chief Executive Officer/ Executive Director DR. T. S. S.R. RAJAB
- 7. Name of the Medical Director DR. M.M. THAMEEM
 Sri Lanka Medical Council (SLMC) registration no. 25846
- 8. Number of Full Time Doctors [Please attach a list of names and Sri Lanka Medical Council (SLMC) registration numbers of the Full Time Doctors]
- 9. Name of the Nursing Director/ Nurse In-charge Mr. A. H.M. HASSAN
 Sri Lanka Medical Council (SLMC) registration no. PHSRC / PSN / 2282
- 10. Number of Nurses 08
- 11. Consultation Rooms

a.	Number of consultation rooms	08
	Square area of the each room (Minimum floor area 70 sq.ft. and height 8 ft.)	

b. Equipments

Examination bed	~
Table and chairs	V
Wash basin	V
Weighing scale	V
Adequate ventilation and illumination	V

c. Waiting Area

Seating facilities for minimum of 10 persons per consultation room with sanitary facilities	
Adequate ventilation and illumination	V

12. Sample Collection Room

a.	Floor area (Minimum floor area 100 sq.ft.)	V
	Adequate sanitary facilities	V

Arm chair	V
Bed	V
Safe waste disposal	V
Toilet facilities	V

Adequate illumination

13. Laboratory Facilities

Name of the Pathologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time	NOT AVAILABLE
Name of the Microbiologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time	NOT AVAILARLE
Name of the Chemical Pathologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time	NOT AVAILABLE
Name of the Chief Medical Laboratory Technician Sri Lanka Medical Council (SLMC) registration no. Number of Medical Laboratory Technicians	MR.MMM. RIMZAN
Internal and external quality controlling	

14. X-Ray Room

Registration number and date of the license issued by the	AM/10/A/MR-01/2/01/2022
Atomic Energy Authority	16-12-2021

15. Indoor Facilities

a. Wards

NO GENERAL WARD	2	
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Number of beds	1
Floor area per bed (Minimum floor area of	
70 sq.ft. per bed.)	15
Toilet facilities	
(Minimum 01 toilet for 05 patients.)	2.8

b. Single Room

Number of single rooms	02
Floor area per room (Minimum floor area of 100 sq.ft. with ventilation, illumination and sanitary facilities.)	V

c. Double Room

N. A

Number of double rooms	04
Floor area per room (Minimum floor area of 160 sq.ft. with ventilation, illumination and sanitary facilities.)	V

d.

Total number of beds	6.

16. Operating Theatre

1. Minor

a.	Floor area (Minimum floor area of 120 sq.ft. with suitable floor and walls.)	V
	Easy cleaning and sterilization	
	Adequate ventilation and lighting air conditioning	~
	Adequate facilities to hand washing	V
	Changing facilities	V

Sucker	
Sterilizer	~
BP apparatus	~
Ambubag	V
Laryngoscope	
Emergency trolley with supplies	
Oxygen	

2. Medium/ Major

a.

Floor area (Minimum floor area 180 sq.ft.	V.
(15'*12)	

Universal operating theatre table	
Theatre lights	V
Anesthetic machine	~
Oxygen	V
Nitrogen	V
Diathermy	V
Multi para meter or ECG monitor	~
Pulse oxymeter	
Ambubag	V
BP apparatus	~
Laryngoscope	
Emergency trolley with supplies	
Emergency light	1
All necessary surgical instruments	

17. Scrubbing Area

Adequate scrubbing facilities	
Changing facilities	

18. Recovery

Adjustable trolley or bed	
BP Apparatus	~
Sucker	~
Oxygen	
Emergency trolley with necessary supplies	~

19. C.S.S.D.

Auto clave	
Sterilization facilities	V.

20. Labour Room

a. Floor area
(Minimum usable floor area
120 sq.ft. with suitable flooring
and walls)

Easy cleaning and sterilization

1		
b.	Equipn	ante
	Lquipii	ICILLO

Adjustable labour room bed	
Table for baby	
Weighing scale	
Oxygen pediatric sucker	
Emergency trolley with supplies	
Spot lamp	
Pinard stethoscope	
Necessary surgical instruments	
Adjoining toilet	

c. Waste disposal

Adequate waste disposal system	

21. Emergency Treatment Unit

a. Floor area
(Minimum of 100 sq.ft.
per patient)

Suitable floor and walls for
easy cleaning

Adequate ventilation and
illumination

b. Equipments

Oxygen	~
ECG recorder	
Nebulizer	
Sucker	
Emergency trolley with supplies	
Necessary facilities and equipment for resuscitation	
Laryngoscope	

22. ICU/ High Dependency Unit

a. Floor area
(Minimum of 100 sq.ft.
per patient)

Suitable floor and walls for
easy cleaning

Adequate ventilation and
illumination

Ventilator	
Defibrillator	
Oxygen	
ECG recorder	V

Nebulizer

Sucker	
Emergency trolley with supplies	
Necessary facilities and equipment for resuscitation	~
Laryngoscope	

23. Dental Surgery

A. Name of the Dental Surgeon
Sri Lanka Medical Council
(SLMC) registration no.

Name of the Dental Surgery
Assistant

Patient waiting area
(at least with four chairs)

Surgery area
(Minimum 200 Sq.ft.)

Adequate toilet facilities

Dental Chair + Unit	1
Sterilizer through autoclaves are preferable	
Basic hand instruments and trays	
Emergency medical tray/kit	V

c.	Disposables and Accessorie
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Needles	
Syringes	
Masks	V
Gloves	V
Сирѕ	V
Aprons	

d. Consumables

Materials for basic restorative	
Prosthetic and surgical procedures	

e. Adequate water and electricity facilities

Hygienic waste disposal

System of record keeping

24. a. Indoor Pharmacy/ Drug Store

Dry and clean storage facilities with provision to maintain	/
cold chain	Đ

b. Out door Pharmacy

Floor area (Minimum of 100 sq.ft.)	~
Name and the Sri Lanka Medical Council (SLMC) registration no. of the Pharmacist	
Dry and clean storage facilities with provision to maintain cold chain	V.

25. Ambulance Services K.A.

Number of Ambulances

26. Kitchen/ Pantry

Necessary kitchen equipment	
Clean table surfaces	
Covered dust bins	
Easily cleanable floor	
Adequate exhaust system	/

27. Parking

	 ~

Number of parking slots

		2			- 0	2 41	POTHUVIL	FDIR
28.	Waste Disposal	INFECTIOUS	CVASTE	CIVEN	TO	8.77		
						SAFE	TO SOUTH	

Method of Clinical Waste Disposal (According to the Central	
Environmental Authority requirements)	

- 29. UDA approval number and date as a Hospital/ Nursing Home -
- 30. Provincial Director's Comments Can be augistered,

Name of the Provincial Director of Health Services - Dr. D. W. M. Costa.

Dr.D.G.M.COSTA
Provincial Director of Health Services
Eastern Province, Tricomalee

Signature

Seal

Date