





PRIVATE HEALTH SERVICES REGULATORY COUNCIL

HOSPITAL.

- 1. Name of the Hospital Aloka Private Hospital
- 2 Address No 64, Goodshed Road, Rathnapura
- 3. Date of Establishment 1993 /03/23
- 4. Province Sabaragamuwa District Ralhnapura
- Name of the Owner Dr. A. J. Jameel
- 6. Name of the Chief Executive Officer/ Executive Director Same
- Name of the Medical Director Ov. A.J. James 1
 Sri Lanks Medical Council (SLMC) registration no. 7112
- Number of Full Time Doctors [Please attach a list of names and Sri Lanka Medical Council (SLMC) registration numbers of the Full Time Doctors]
- Name of the Nursing Director/ Nurse In-charge Mvg. R. M. P. kumavihamy
 Sri Lanka Medical Council (SLMC) registration no. 1948
- 10. Number of Nurses 294 General Hospital Norses (Locum)

11. Consultation Rooms

| a. | Number of consultation rooms | 31 |
|----|--|--------|
| | Square area of the each room (Minimum floor area 70 sq.ft. and height 8 ft.) | res sq |

b. Equipments

| Examination bed | 24 |
|---------------------------------------|---------|
| Table and chairs | 38 + 48 |
| Wash basin | 54 |
| Weighing scale | 12 |
| Adequate ventilation and illumination | Good |

c. Waiting Area

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

12. Sample Collection Room

| B. | Floor area (Minimum floor area 100 sq.ft.) | soc sq Feet |
|----|---|----------------|
| | Adequate sanitary facilities | yes |

| Arm chair | 204 |
|---------------------|-------------------|
| Bed | ward is others 24 |
| Safe waste disposal | - |
| Toilet facilities | 24 |

| Adequate | Illumination |
|----------|--------------|
| | |

yes

13. Laboratory Facilities

| Name of the Pathologist Sri Lanka Medical Chuncil (SLMC) registration no. Whether Full Time/ Part Time | Dr. Mapalagama k. Premasiri Dr. Mudilha Alhukarala |
|--|---|
| Name of the Microbiologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time | Dr. G. Nanayakkara |
| Name of the Chemical Pathologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time | Dr. T.k. Vilhanage |
| Name of the Chief Medical Laboratory Technician Sri Lanka Medical Council (SLMC) registration no. Number of Medical Laboratory Technicians | Mrs. N. W.jethunga |
| Internal and external quality controlling | RIGAS (External) Internal Quality Control |

14. X-Ray Room

| Registration number and date of the license issued by the | RT 104 1A/HR - 01 / L 101/2022 |
|--|--------------------------------|
| Atomic Energy Authority | 2022 101101 |

15. Indoor Facilities

a. Wards

| Number of beds | 18 |
|---|------|
| Floor area per bed (Minimum floor area of 70 sq.ft. per bed.) | Feel |
| Totlet facilities (Minimum 01 totlet for 05 patients.) | |

b. Single Room

| Number of single rooms | 18 |
|---|-----------------|
| Floor area per room (Minimum floor area of 100 sq.ft. with ventilation, illumination and sanitary facilities.) | 120 Sq. Feet |

c. Double Room

| Number of double rooms | 1 |
|---|---|
| Floor area per room (Minimum floor area of 160 sq.ft. with ventilation, illumination and sanitary facilities.) | 1 |

| A | Total must tt | |
|------|----------------------|-----|
| 1955 | Total number of beds | 18: |
| | | |

16. Operating Theatre

1. Minor

| a. | Floor area (Minimum floor area of 120 sq.ft. with suitable floor and walls.) | 130 Sq Feet |
|----|--|----------------|
| | Easy cleaning and sterilization | _ |
| | Adequate ventilation and lighting air conditioning | _ |
| | Adequate facilities to hand washing | _ |
| | Changing facilities | _ |

| Sucker | 0 |
|---------------------------------|------------|
| Sterilizer | 0 |
| BP apparatus | 0 |
| Ambubag | (2) |
| Laryngoscope | 2 |
| Emergency trolley with supplies | 0 |
| Oxygen | 3 |

2. Medium/ Major

a. Floor area (Minimum floor area 180 sq.ft. (15*+12)

| Universal operating theatre table | e 0 |
|------------------------------------|------|
| Theatre lights | 0 |
| Anesthetic machine | 0 |
| Oxygen | many |
| Nitrogen | many |
| Diathermy | @ |
| Multi para meter or ECG monitor | 3 |
| Pulse oxymeter | (3) |
| Ambubag | (4) |
| BP apparatses | 3 |
| Laryngoscope | 3 |
| Emergency trolley with supplies | 0 |
| Emergency light | @ |
| All necessary surgical instruments | yes |

17. Scrubbing Area

| Adequate scrubbing facilities | yes |
|-------------------------------|-----|
| Changing facilities | yes |

18. Recovery

| Adjustable trolley or bed | ② |
|---|----------|
| ВР Арранация | ® |
| Sucker | @ |
| Oxygen | many |
| Emergency trolley with necessary supplies | @ |

19. C.S.S.D.

| Auto clave | @ |
|--------------------------|----------|
| Sterilization facilities | a |

20. Labour Room

| a. | Floor area (Minimum usable floor area 120 sq.ft. with suitable flooring and walls) | 140 Sq. Feel |
|----|--|-----------------|
| | Easy cleaning and sterilization | yes |

b. Equipments

| Adjustable labour room bed | 0 |
|---------------------------------|----------|
| Table for baby | (2) |
| Weighing scale | (8) |
| Oxygen pediatric sucker | @ |
| Emergency trolley with supplies | (3) |
| Spot lamp | (3) |
| Pinard stethoscope | ② |
| Necessary surgical instruments | yes |
| Adjoining toilet | yes |

c. Waste disposal

| Adequate waste disposal system | yes |
|--------------------------------|-----|
|--------------------------------|-----|

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 | 73 |

b. Equipments

| Oxygen | mony |
|--|-------|
| ECG recorder | yes |
| Nebulizer | yes ③ |
| Sticker | 3 |
| Emergency trolley with supplies | @ |
| Necessary facilities and equipment for resocitation | yes |
| 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 | |
| Nebulizer | |

| Sucker | 1 |
|---|---|
| Emergency trolley with supplies | |
| Necessary facilities and equipment for resuscitation | / |
| Larynguscope | 1 |

23. Dental Surgery

| (d) | Name of the Dental Surgeon Sn Lanka Medical Opencil (SLMC) registration no. | 3v. 3.4.3 | .c.s. Jassanayaka |
|-----|---|----------------|-------------------|
| | Name of the Dental Surgery Assistant | мs. т.т.р. | Manahari |
| | Patient waiting area (at least with four chairs) | yes | |
| | Surgery area (Minimum 200 Sq.ft.) | 220 59 Feel | |
| | Adequate toilet facilities | yes | |

| Dental Chair + Unit | 0 |
|--|-------|
| Sterilizer through autocloves are preferable | yes |
| Basic hand instruments and trays | yes |
| Emergency medical tray/kit | yes ① |

| C.C | Disposables a | nd Accessories |
|----------|---------------------|-----------------|
| No. in . | LAND DUSTRIBLES III | DALVACCESSORICI |

| Needles | ~ |
|----------|---|
| Syringes | |
| Masks | - |
| Glores | |
| Сиря | |
| Aprons | |

d. Consumables

| Materials for basic restorative | 7 |
|------------------------------------|---|
| Prosthetic and surgical procedures | - |

e. Adequate water and electricity
facilities

Hygienic waste disposal

System of record keeping wriller documents.

24. a. Indoor Pharmacy/ Drug Store

| Dry and clean storage facilities with provision to maintain cold chain | |
|--|--|
|--|--|

b. Out door Pharmacy

| Floor area (Minimum of 100 sq.ft.) | 120 59 Feel |
|--|----------------|
| Name and the Sri Lanka Medical Gouncil (SLMC) registration no. of the Pharmacist | 2105 |
| Dry and clean storage facilities with provision to maintain cold chain | yes. |

25. Ambulance Services

| Number of Ambulances | |
|--|----|
| The state of the s | 0. |

26. Kitchen/ Pantry

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

27. Parking

| Number of parking slots |
|-------------------------|
|-------------------------|

28. Waste Disposal

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

Containers
Thereae

- 29. UDA approval number and date as a Hospital/Nursing Home (23/03/1993)

 RP/A0/R/R/00/39
- 30. Provincial Director's Comments -

Registration Recommended.

Name of the Provincial Director of Health Services -

Dr. Kapita Birnal Hannangara
Provincial Director of Health Services
Sabaragamuwa.

Seal