



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

HOSPITAL

1. Name of the Hospital - *Central Hospital*
2. Address - *No 12 Vidyalyayam Rd, Trincomalee*
3. Date of Establishment - *1981*
4. Province - *Eastern* District - *Trincomalee*
5. Name of the Owner - *Dr. K. Hemachandran*
6. Name of the Chief Executive Officer/ Executive Director - *Mr. Arun Hemachandran*
7. Name of the Medical Director - *Dr. K. Hemachandran*
Sri Lanka Medical Council (SLMC) registration no. -
8. Number of Full Time Doctors - *01*
[Please attach a list of names and Sri Lanka Medical Council (SLMC) registration numbers of the Full Time Doctors] *No- 7250*
9. Name of the Nursing Director/ Nurse In-charge - *Mrs. Luxmanan*
Sri Lanka Medical Council (SLMC) registration no. - *No 7879*
10. Number of Nurses - *12*
11. Consultation Rooms

| | | |
|----|--|----------|
| a. | Number of consultation rooms | <i>8</i> |
| | Square area of the each room (Minimum floor area 70 sq.ft. and height 8 ft.) | <i>✓</i> |

b. **Equipments**

| | |
|--|---|
| <i>Examination bed</i> | ✓ |
| <i>Table and chairs</i> | ✓ |
| <i>Wash basin</i> | ✓ |
| <i>Weighing scale</i> | ✓ |
| <i>Adequate ventilation and illumination</i> | ✓ |

c. **Waiting Area**

| | |
|--|---|
| <i>Seating facilities for minimum of 10 persons per consultation room with sanitary facilities</i> | ✓ |
| <i>Adequate ventilation and illumination</i> | ✓ |

12. **Sample Collection Room**

a.

| | |
|---|---|
| <i>Floor area (Minimum floor area 100 sq.ft.)</i> | ✓ |
| <i>Adequate sanitary facilities</i> | ✓ |

b. **Equipments**

| | |
|----------------------------|---|
| <i>Arm chair</i> | ✓ |
| <i>Bed</i> | ✓ |
| <i>Safe waste disposal</i> | ✓ |
| <i>Toilet facilities</i> | ✓ |

| | |
|-----------------------|---|
| Adequate illumination | ✓ |
|-----------------------|---|

13. Laboratory Facilities

| | |
|---|-----------------------------------|
| Name of the Pathologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time | NA |
| Name of the Microbiologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time | NA |
| Name of the Chemical Pathologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time | NA |
| Name of the Chief Medical Laboratory Technician Sri Lanka Medical Council (SLMC) registration no. Number of Medical Laboratory Technicians | Mr M.A.M. Jabeer Reg No - 0385 |
| Internal and external quality controlling | Yes |

14. X-Ray Room

| | |
|---|---|
| Registration number and date of the license issued by the Atomic Energy Authority | ✓ |
|---|---|

15. **Indoor Facilities**

a. **Wards**

| | |
|--|---|
| Number of beds | 4 |
| Floor area per bed (Minimum floor area of 70 sq.ft. per bed.) | ✓ |
| Toilet facilities (Minimum 01 toilet for 05 patients.) | ✓ |

b. **Single Room**

| | |
|---|---|
| Number of single rooms | 4 |
| Floor area per room (Minimum floor area of 100 sq.ft. with ventilation, illumination and sanitary facilities.) | ✓ |

c. **Double Room**

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

d. **Total number of beds**

| | |
|----------------------|---|
| Total number of beds | 4 |
|----------------------|---|

16. **Operating Theatre**

1. **Minor**

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

b. **Equipments**

| | |
|---------------------------------|---|
| Sucker | ✓ |
| Sterilizer | ✓ |
| BP apparatus | ✓ |
| Ambubag | ✓ |
| Laryngoscope | ✓ |
| Emergency trolley with supplies | ✓ |
| Oxygen | ✓ |

2. **Medium/ Major**

| | | |
|----|---|---|
| a. | Floor area (Minimum floor area 180 sq.ft. (15'*12)) | ✓ |
|----|---|---|

b. **Equipments**

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

17. **Scrubbing Area**

| | |
|--------------------------------------|---|
| <i>Adequate scrubbing facilities</i> | ✓ |
| <i>Changing facilities</i> | ✓ |

18. **Recovery**

| | |
|--|---|
| <i>Adjustable trolley or bed</i> | ✓ |
| <i>BP Apparatus</i> | ✓ |
| <i>Sucker</i> | ✓ |
| <i>Oxygen</i> | ✓ |
| <i>Emergency trolley with necessary supplies</i> | ✓ |

19. **C.S.S.D.**

| | |
|---------------------------------|---|
| <i>Auto clave</i> | ✓ |
| <i>Sterilization facilities</i> | ✓ |

20. **Labour Room**

| | | |
|----|---|---|
| a. | <i>Floor area (Minimum usable floor area 120 sq.ft. with suitable flooring and walls)</i> | ✓ |
| | <i>Easy cleaning and sterilization</i> | ✓ |

b. **Equipments**

| | |
|--|---|
| <i>Adjustable labour room bed</i> | ✓ |
| <i>Table for baby</i> | ✓ |
| <i>Weighing scale</i> | ✓ |
| <i>Oxygen pediatric sucker</i> | ✓ |
| <i>Emergency trolley with supplies</i> | ✓ |
| <i>Spot lamp</i> | ✓ |
| <i>Pinard stethoscope</i> | ✓ |
| <i>Necessary surgical instruments</i> | ✓ |
| <i>Adjoining toilet</i> | ✓ |

c. **Waste disposal**

| | |
|---------------------------------------|---|
| <i>Adequate waste disposal system</i> | ✓ |
|---------------------------------------|---|

21. **Emergency Treatment Unit**

| | | |
|----|---|---|
| a. | <i>Floor area (Minimum of 100 sq.ft. per patient)</i> | ✓ |
| | <i>Suitable floor and walls for easy cleaning</i> | ✓ |
| | <i>Adequate ventilation and illumination</i> | ✓ |

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) | N/A |
| | Suitable floor and walls for easy cleaning | / |
| | Adequate ventilation and illumination | / |

b. Equipments

| | |
|---------------|---|
| Ventilator | / |
| Defibrillator | / |
| Oxygen | / |
| ECG recorder | / |
| | |

Nebulizer

| | |
|--|-------------------------------------|
| Sucker | <input checked="" type="checkbox"/> |
| Emergency trolley with supplies | <input checked="" type="checkbox"/> |
| Necessary facilities and equipment for resuscitation | <input checked="" type="checkbox"/> |
| Laryngoscope | <input checked="" type="checkbox"/> |







23. Dental Surgery

| | | |
|----|--|-------------------------------------|
| a. | Name of the Dental Surgeon Sri Lanka Medical Council (SLMC) registration no. | NA |
| | Name of the Dental Surgery Assistant | <input checked="" type="checkbox"/> |
| | Patient waiting area (at least with four chairs) | <input checked="" type="checkbox"/> |
| | Surgery area (Minimum 200 Sq.ft.) | <input checked="" type="checkbox"/> |
| | Adequate toilet facilities | <input checked="" type="checkbox"/> |



b. Equipments

| | |
|--|-------------------------------------|
| Dental Chair + Unit | <input checked="" type="checkbox"/> |
| Sterilizer through autoclaves are preferable | <input checked="" type="checkbox"/> |
| Basic hand instruments and trays | <input checked="" type="checkbox"/> |
| Emergency medical tray/ kit | <input checked="" type="checkbox"/> |




c. **Disposables and Accessories**

| | |
|----------|---|
| Needles |  |
| Syringes |  |
| Masks |  |
| Gloves |  |
| Cups |  |
| Aprons |  |

d. **Consumables**


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

e.

| | |
|---|---|
| Adequate water and electricity facilities |  |
| Hygienic waste disposal |  |
| System of record keeping |  |

Functioning as separate

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.) | NA |
| Name and the Sri Lanka Medical Council (SLMC) registration no. of the Pharmacist | / |
| Dry and clean storage facilities with provision to maintain cold chain | / |

25. **Ambulance Services**

| | |
|----------------------|----|
| Number of Ambulances | NO |
|----------------------|----|

26. **Kitchen/ Pantry**

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

27. **Parking**

| | |
|-----------------|----|
| outside parking | NA |
|-----------------|----|

Number of parking slots

28. Waste Disposal

| | |
|--|--------------------------|
| Method of Clinical Waste Disposal (According to the Central Environmental Authority requirements) | Disposal Through d.c. |
|--|--------------------------|

29. UDA approval number and date as a Hospital/ Nursing Home - -available
47410.

30. Provincial Director's Comments -

Satisfied a Sharp instrument
Send to central incinerator

Recommended &
Forwarded Please


PDHS, EP

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

Dr.D.G.M.Costa
Provincial Director of Health Services
Eastern Province


Signature

.....
Seal

08/02/2023
Date