



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

Hos	PITAL	**
1. 2.	Name of the Hospital - Durduse Hospital Ceylon H Address - 3 Alfrét Plaise, colombo 3	PLC.
 4. 	Province - Western District - Colombo	
5.6.7.	Name of the Owner - Mr. A. E. Tudawe Name of the Chief Executive Officer/ Executive Director - Mr. A. E Name of the Medical Director - Dr. Sanjaya Rathayate Sri Lanka Medical Council (SLMC) registration no 22478	Indawe.
9.	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 - Mr J P. Kantha Sri Lanka Medical Council (SLMC) registration no \$155	De Silv
10. 11.	Number of Nurses - 3 00 Consultation Rooms	
	a. Number of consultation rooms Square area of the each room (Minimum floor area 70 sq.ft.	

and height 8 ft.)

b.	Equipments	
		-

Examination bed			/
Table and chairs	Amerikan k		/
Wash basin			/
Weighing scale			V
Adequate ventilation a	nd illumina	ition	

c. Waiting Area

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

12. Sample Collection Room

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

Arm chair	1
Bed	1
Safe waste disposal	1
Toilet facilities	/

Adequate illumination

13. Laboratory Facilities

Name of the Pathologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time	Dr mrs Mala Jaegaltulate
Name of the Microbiologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time	Prof La Ci Una Mendis
Name of the Chemical Pathologist Sti Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time	D. B. E. P. Dayanath
Name of the Chief Medical Laboratory Technician Sri Lanka Medical Council (SLMC) registration no. Number of Medical Laboratory Technicians	M. M. Sanfere W. 1315 S. M. Prabaswan.
Internal and external quality controlling	

14. X-Ray Room Col 13 | 4 fm2-01 | 01 | L 2021

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

Co (13/A/WR-02/L/02/2022

15. Indoor Facilities

a. Wards

Number of beds		 10
Floor area per bed (Minimum floor area of 70 sq.ft. per bed.)		
Toilet facilities (Minimum 01 toilet for 05 patients.)	A. T.	~

b. Single Room

Number of single rooms	15-9
Floor area per room (Minimum floor area of 100 sq.ft. with ventilation, illumination and sanitary facilities.)	

c. Double Room

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

			1974
d.	Total number of beds	-0.3	(86
			AND DESCRIPTION OF THE PERSON

16. Operating Theatre

1. Minor

Floor area (Minimum floor area of 120 sq.f with suitable floor and walls.)	t.
Easy cleaning and sterilization	
Adequate ventilation and lighting dir conditioning	
Adequate facilities to hand washing	1
Changing facilities	

Sucker	
Sterilizer	
BP apparatus	
Ambubag	
Laryngoscope	
Emergency trolley with supplies	Bres was
Oxygen	

2. Medium/ Major

Floor area
(Minimum floor area 180)

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

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

17. Scrubbing Area

1
1

18. Recovery

	1.4	
Adjustable trolley or bed	11	!
BP Apparatus	*	1
Sucker	10	
Oxygen	!	V
Emergency trolley with necessary supplies		• /

19. C.S.S.D.

Auto clave	V
Sterilization facilities	1

20. Labour Room

a.	Floor area (Minimum usable floor area	
	120 sq.ft. with suitable flooring and walls)	
	Easy cleaning and sterilization	- V

b. Equipments

Adjustable labour room bed	
Table for baby	
Weighing scale	
Oxygen pediatric sucker	/
Emergency trolley with supplies	1.
Spot lamp	1 /1
Pinard stethoscope	V
Necessary surgical instruments	1
Adjoining toilet	·

c. Waste disposal

Adequate waste disposal system	V

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	1
Laryngoscope	j

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	J
Nebulizer	

Sucker	/
Emergency trolley with supplies	/
Necessary facilities and equipment for resuscitation	
Laryngoscope	1

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

Jagamal Gunawardere
2658

Merihang

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

Needles		1
Syringes		1
Masks	1	
Gloves		1
Cups	*	/
Aprons -	+ +	1
Consumables		
	ic restorative	
Consumables		
Consumables Materials for basi		
Consumables Materials for basi	gical procedures	
Consumables Materials for basi Prosthetic and sur	rgical procedures	

Indoor Pharmacy/ Drug Store

Dry and clean storage facilities with provision to maintain

cold chain

c.

d.

e.

24.

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 a cold chain-	i /.

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25. Ambulance Services

		-	-		-
	Number of Ambulances			3	
- 1			100	•	

26. Kitchen/Pantry

Necessary kitchen equipment	/
Clean table surfaces	
Covered dust bins	
Easily cleanable floor	
Adequate exhaust system	1

27. Parking

Number of parking slots	40

28. Waste Disposal Soih Hanaro Encart

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 -

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Date of vift - 16/6/2022
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Name of the Provincial Director of Health Services -

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Signature	Seal