



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

HOSPITAL

1. Name of the Hospital - *Angana Hospital Rt. 44.*
2. Address - *Main street Kaluwanchy Kuleg.*
3. Date of Establishment -
4. Province - *Eastern* District - *Batticaloa.*
5. Name of the Owner - *Mr. Prabakaran, Angan, Koneshwaran & Mr Nidan*
6. Name of the Chief Executive Officer/ Executive Director - *Mr. K. Prabakaran*
7. Name of the Medical Director - *Dr. N. Navaratnesamy (RMO).*
Sri Lanka Medical Council (SLMC) registration no. - *1969*
'do'
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. Thudchenamoorthy*
Sri Lanka Medical Council (SLMC) registration no. - *1447*
10. Number of Nurses - *4*
11. Consultation Rooms

a.	Number of consultation rooms	<i>2</i>
	Square area of the each room (Minimum floor area 70 sq.ft. and height 8 ft.)	<i>/</i>

b. **Equipments**

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

c. **Waiting Area**

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

12. **Sample Collection Room** ✓

No Separate room

a.

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

done at EPH → Adequate

b. **Equipments**

Arm chair	
Bed	
Safe waste disposal	
Toilet facilities	

Adequate illumination	
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13. Laboratory Facilities X

Name of the Pathologist <i>Sri Lanka Medical Council (SLMC)</i> registration no. Whether Full Time/ Part Time	
Name of the Microbiologist <i>Sri Lanka Medical Council (SLMC)</i> registration no. Whether Full Time/ Part Time	
Name of the Chemical Pathologist <i>Sri Lanka Medical Council (SLMC)</i> registration no. Whether Full Time/ Part Time	
Name of the Chief Medical Laboratory Technician <i>Sri Lanka Medical Council (SLMC)</i> registration no. Number of Medical Laboratory Technicians	
Internal and external quality controlling	

14. X-Ray Room ✓

Registration number and date of the license issued by the Atomic Energy Authority	✓
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15. Indoor Facilities

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a. *Wards*

Number of beds	
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	
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.)	

d. *Total number of beds*

Total number of beds	
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16. **Operating Theatre**

X

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))	
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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

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. X

Auto clave	
Sterilization facilities	

20. Labour Room X

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

b. Equipments

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	
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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	✓

need to improve it.

b. Equipments

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

not organized.
(admission given)

22. ICU/ High Dependency Unit

X

a.

Floor area (Minimum of 100 sq.ft. per patient)	
Suitable floor and walls for easy cleaning	
Adequate ventilation and illumination	

b. Equipments

Ventilator	
Defibrillator	
Oxygen	
ECG recorder	

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	

b. Equipments

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

c. **Disposables and Accessories**

<i>Needles</i>	
<i>Syringes</i>	
<i>Masks</i>	
<i>Gloves</i>	
<i>Cups</i>	
<i>Aprons</i>	


d. **Consumables**

<i>Materials for basic restorative</i>	
<i>Prosthetic and surgical procedures</i>	

e. *Adequate water and electricity facilities*

<i>Adequate water and electricity facilities</i>	
<i>Hygienic waste disposal</i>	
<i>System of record keeping</i>	

24. a. **Indoor Pharmacy/ Drug Store**

<i>Dry and clean storage facilities with provision to maintain cold chain</i>	
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b. **Out door Pharmacy** *x*

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

25. **Ambulance Services** *x*

Number of Ambulances	
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26. **Kitchen/ Pantry** *✓*


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

27. **Parking** *✓*

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Number of parking slots

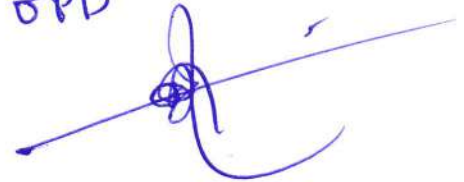
28. Waste Disposal

Method of Clinical Waste Disposal (According to the Central Environmental Authority requirements)	
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29. UDA approval number and date as a Hospital/ Nursing Home -

30. Provincial Director's Comments -

Recommended as small
Scale. chemotherapy center
of OPD.



Name of the Provincial Director of Health Services -


Signature

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

Seal

2023/03/30
Date