



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

HOSPITAL

- 1. Name of the Hospital HimoroTris
- 2. Address 254, Landy Lord, To mus male
- 3. Date of Establishment 31/08/2020
- 4. Province Eastern District Trinuo
- 5. Name of the Owner Mr L. San Karan
- 6. Name of the Chief Executive Officer/ Executive Director Ms S. Theksheye
- 7. Name of the Medical Director Dr · Us hawarshin,
 Sri Lanka Medical Council (SLMC) registration no. Dr · Darmendre
- 8. Number of Full Time Doctors - 04
 [Please attach a list of names and Sri Lanka Medical Council (SLMC) registration numbers of the Full Time Doctors] 27065
- 9. Name of the Nursing Director/ Nurse In-charge Mrs In chrawodene Sri Lanka Medical Council (SLMC) registration no. 1949 8844
- 10. Number of Nurses 12
- 11. Consultation Rooms

a.	Number of consultation rooms	06
	Square area of the each room (Minimum floor area 70 sq.ft.	
	and height 8 ft.)	

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

c. Waiting Area

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

12. Sample Collection Room

a. Floor area
(Minimum floor area 100 sq.ft.)

Adequate sanitary facilities

b. Equipments

Arm chair	✓ ·
Bed	
Safe waste disposal	✓ <u> </u>
Toilet facilities	√·

Adequate illumination	

13. Laboratory Facilities

Name of the Pathologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time	HP
Name of the Microbiologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time	40
Name of the Chemical Pathologist Sri Lanka Medical Council (SLMC) registration no. Whether Full Time/ Part Time	HO
Name of the Chief Medical Laboratory Technician Sri Lanka Medical Council (SLMC) registration no. Number of Medical Laboratory Technicians	Ms Hwedani 2476
Internal and external quality controlling	Not applicable

14. X-Ray Room

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

15. Indoor Facilities

a. Wards

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

b. Single Room

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

c. Double Room

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

d. Total number of beds

16. Operating Theatre

1. Minor

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	4 5
Laryngoscope	Ta .
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	V
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	V
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

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	

Not Juneting

c. Waste disposal

Adequate waste disposal system	✓
Tracquare waste and osaw 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	\checkmark
ECG recorder	
Nebulizer	\checkmark
Sucker	\checkmark
Emergency trolley with supplies	\mathcal{V}
Necessary facilities and equipment for resuscitation	\checkmark
Laryngoscope	\checkmark

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

Not available

b. Equipments

illumination

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Nebulizer

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

23. **Dental Surgery**

grane or another Name of the Dental Surgeon a. 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

Equipments b.

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

c.	Disposables	and Accesso	ries
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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

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.)	
Name and the S ri L anka M edical C ouncil (SLMC) registration no.	W.G.T. Dill
of the Pharmacist	1109,
Dry and clean storage facilities with provision to maintain cold chain	

25. Ambulance Services

Number of Ambulances	40
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26. Kitchen/ Pantry

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

27. Parking

A	

Number of parking slots

02

28. Waste Disposal

30.

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

29. UDA approval number and date as a Hospital/ Nursing Home -FB/cc/ HOS (06/18.

Provincial Director's Comments -

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Name of the Provincial Director of Health Services -

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

Signature

Seal

15/03/2023

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