


QUALITY STANDARD SYSTEM MANUAL	 HALCYON MARINE HEALTHCARE SYSTEMS	DOCUMENT NO. QHM 3.0	EFFECTIVITY DATE: October 9, 2019
		PREPARED BY: Marilar F. De Guzman, MD QAM	REVISION NO.: 10 APPROVED BY: Glennnda E. Canlas, MD Medical Director
SUBJECT: SECURITY & SAFETY POLICY AND PROCEDURES			

I. OBJECTIVE:

This policy is intended to ensure the safety and security of all employees, the management, patients, clients, consultants, business partners, guests and patients at all times, while inside the clinic premises.

- 1.1 No complaints regarding customer service of the Security Personnel.
- 1.2 Facilitation of clients upon entry should not exceed 2 minutes.
- 1.3 Immediate responses to critical or emergency cases.
- 1.4 Submission of investigation report not more than 24 hours from the date and time of incident.
- 1.5 No lapses on the security procedures.


II. SCOPE:

This Safety and Security policy and procedure shall be applied at all times inside HMHS clinic premises.

III. DEFINITION:

1. **Security Measures** – is a set of policies and guidelines taken as a precaution against theft and or any other related incidents.
2. **Referral Slip** – is a form submitted by the patients to the Front Desk Personnel indicating the medical package to be availed as endorsed by the manning agency/client companies.
3. **Incident Report** – is a security and safety report pertaining to the incident such as security breach, violations, theft, accidents and all other related activities/events
4. **Investigation Report** – is a chronological and detailed report as the results of surveillance techniques and document analysis or person or any equipment involved in an incident

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5. **Bag Inspection** – is a bag search or search on the individual's personal belongings being carried out by the Security Personnel before entering or leaving Halcyon or the clinic premises
6. **Body frisking** – is a body search being carried out by the Security Personnel to prevent illegal or unlawful objects or substances from being brought in or out of the clinic premises
7. **General Manager for Operations** - Emergency Commander of the Emergency Management Team
8. **Security Officer** - Deputy Emergency Commander


IV. **RESPONSIBILITY AND AUTHORITY:**

- 4.1 The Administrative Manager shall be responsible for the strict implementation of Security and Safety procedure & to ensure safety and security within the clinic at all times.
- 4.2 The Security Officer/Deputy Emergency Commander shall supervise the implementation of Security and Safety procedures and review regularly its effectiveness.
- 4.3 All Security Personnel are responsible in implementing all procedures related to security and safety.
- 4.4 The Security agency provider for outsourced security personnel shall be responsible for providing a reliever when a Security personnel files a leave of absence.
- 4.4 The messenger or maintenance personnel shall be the contingency personnel during peak season or emergency leave filed by any Security personnel or as the need arises.

V. **REFERENCES:**

Security Policy and Procedure Manual
Security Personnel Job Description

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Emergency Management Team
Evacuation Plan

VI. POLICIES

6.1 GENERAL POLICIES

At all times the Security Personnel shall:

6.1.1 Strictly comply with the Security and Safety Procedures for receiving and exit procedures of the clinic for patients and visitors.

6.1.2 Ensure that no person shall be granted entry into Halcyon premises without undergoing proper registration, verification of purpose of visit and releasing of ID pass.

6.1.3 Maintain and Update all designated Security logbooks for reference and as records.

6.1.4 Restrict relatives or any companion of patients from entering the Clinic while patient's medical examination is on -going.

6.1.5 HMHS being a medical clinic, restrict access of person wearing improper attire (shorts, short skirts, tube tops, mid rib tops, etc.)

6.1.6 Record/ Log any lost and/ or found items in the Security logbook. Found items shall be turned over to the Administrative Department for safekeeping.


6.1.7 Perform his duties and responsibilities with diligence, courtesy, respect and professionalism.

6.1.8 Not tolerate horse playing, favoritism, bribing, disrespected or any unnecessary behavior towards any employee, visitors and vendors by the Management Team and shall be a ground for termination from duty.

6.1.9 Regularly check the perimeter, emergency accesses, sockets, air conditioning units, circuit breakers and all other electrical and plumbing switches and report any observations to the Security Officer and/ or Administrative Manager.

6.1.10 Submit Security Daily Report to the Security Officer and/ or Administrative Manager daily.

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6.1.11 Conduct weekly inventory of ID Pass and proper maintenance of other security tools.

6.2 GUARD TOUR SYSTEM (GTS)

6.2.1 Using the **Security Inspection Checklist**, the assigned roving security personnel shall conduct every hour patrol to ensure orderliness of the clinic.

6.2.2 The security personnel shall follow the route/checkpoint of all patrol chips located at the different areas in the clinic. **(Please refer to the Roving Personnel Work Instruction.)**

6.2.3 The security personnel must accomplish the Security Inspection Checklist to record deviations and irregularities, if any. Any irregularities or violations found during the conduct of patrol must be reported immediately to the Administrative Manager for proper action.

6.2.4. Patrolling must be done every hour, especially at night. If there are any gaps found on review the guard on duty will be requested to submit a written explanation or an incident report. Any unauthorized time gap found during the review without any valid reason or justification shall be subject to disciplinary action.

The Administrative Manager reviews the GTS kit on a daily basis.

6.2.5. Authorized time gap when using the Guard Tour System (GTS)

6.2.5.1. During Break Time (Day shift)

6.2.5.2. During peak hours when medical operations needs assistance from the Roving Security Personnel

6.2.5.3. If the guard on duty is attending to an emergency situation

6.2.5.4. If any of the Executive or the Management team requires assistance

6.2.6 Regular checking of the perimeter.... (1.12

6.3 KEY MANAGEMENT


6.3.1. Keys should be kept in the **Key Box**.

6.3.2. Inventory of the key shall be done daily.

6.3.3. Borrowing of any key shall be logged in the *Key Control Logbook*.

6.3.4. In the event of loss or damage of key(s), an incident report shall be submitted to the Administrative Manager.

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6.3.5. Duplication of key is not allowed without approval from Management.

6.3.6. Outgoing security personnel shall endorse the keys properly to the incoming security personnel.

6.4 VEHICLE PARKING

6.4.1. Parking in the parking area adjacent to Urban avenue is exclusive to the members of the Executive Management, HMHS Doctors and clients of the Movement Wellness Studio and PT due to limited slots.

6.4.2. Only approved VIPs, visitors and patients with disability shall be allowed to park subject to approval from Management.

6.5 ACCESS CONTROL

The Buendia/Senator Gil Puyat entrance is designated for patients entry.

The Urban Avenue entrance is designated for employees, visitors, contractors and client representatives.

If there are deviations in the usual procedure of logging in to the records of the company this shall be directed by the Security personnel on duty.


6.5.1. Employees

6.5.1.1. No ID, No entry - The guards on duty must strictly implement "No ID, No Entry Policy" to all employees at Urban Avenue Access. Employees who are unable to present their IDs when entering the clinic shall be required to provide a written explanation addressed to the HRMD and to get an approval before entry.

6.5.1.2. Employee pass - an employee who goes out of the clinic during office hours whether for an official business or for personal purposes during operations shall secure and submit an employee pass.

For an official business or any purpose other than lunch break, the employee pass must be signed by the Immediate Manager.

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An employee who goes out during lunch break shall also secure an employee pass. The pass may not be signed by the Manager provided that the schedule of break is the same as indicated on the list that the HRMD submitted to the Security Personnel. If the schedule is different from the list provided, the employee pass must be signed by the Manager.

Authorized signatories of the Employee Pass


Medical, Accounting and MIS department	- Judy R. Halago, MD
Quality Assurance department	- Marilar F. De Guzman, MD
Administrative department	- Au S. De Jesus
Human Resource department	- Grace A. Guevarra

6.5.1.3 Body and Bag Inspection - Employees must submit him/herself to body frisking and bag inspection upon entry and exit from the clinic. Non- submission shall be reported to the HRMD Office. Any items such as document/file, equipment, and machine or supply found during the inspection similar to the one used in the company must be accompanied by an approved gate pass.

6.5.1.4. Gate Pass - All documents, office tools, equipment, and supplies being taken out from the clinic premises by an employee, the employee shall be required to present an OFFICIAL GATE PASS to the assigned Security Personnel. The gate pass should be valid only for the date approved.

- a. For machine repairs and calibrations, the Security Personnel shall check and verify the approved gate pass form prior to the release of the said company property.

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- b. For the messengers required to deliver medical certificates and other official documents to the clients, they shall be required to present the Itinerary Form with dispatched time from the Admin Assistant.

Authorized signatories of the Gate Pass

Medical, Accounting and MIS department	- Judy R. Halago, MD
Quality Assurance department	- Marilar F. De Guzman, MD
Administrative department	- Au S. De Jesus
Human Resource department	- Grace A. Guevarra

If any of the above-said is found being brought out by an employee without an approved gate pass signed by the authorized signatory or failure to present an approved gate pass shall be considered grounds for confiscation or disciplinary action.

All items confiscated must be properly recorded in the Security Logbook and must be turned over to HRMD for proper disposition or disciplinary action.

6.5.2. For Employees Personal Visitors or Relatives

6.5.2.1. Personal visitors of employees must secure an approved visitor's pass and shall properly log in the Visitors log book before allowing entry to the clinic premises.

Personal visitors of employees are restricted to stay inside the workstation and are only allowed to stay in the lobby.


Personal visitors of employees are only allowed to stay for 30 minutes before or after clinic hours.

Personal visitors who will stay beyond the required time limit will be requested to log out by the Security Personnel and will be advised to wait outside the clinic premises.

6.5.2.2. Relatives of employees who have undergone medical examination shall be permitted to stay in the clinic for the whole duration of the medical test only.

After which, said relative will no longer be allowed to stay more than 30 minutes inside the clinic.

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6.5.3 Resigned Employees

6.5.3.1. Resigned employees are not be allowed to enter or loiter within the clinic premises except for the following:

- a. Employees who has to process their Clearance Certification duly approved by the HRMD.
- b. Employees who were requested by the clinic for official business.

6.5.3.2. Resigned Employees must seek approval from the HRMD through the Security Personnel before entry.

6.5.3.3 Resigned employees may be denied entry on the grounds of not wearing proper attire.

6.5.4 Visitors

6.5.4.1. - VISITOR's PASS shall be used by the following:


- Vendors
- Medical Sales Representatives
- Sales Executives & Engineers (for medical equipment)
- Employee's Personal visitors
- Resigned employees

Individuals exempted from the use of a Visitor's Pass are the following:

- Specialists / Consultants
- VIP / Guest /Relatives of the Executive Management
- Clients and Principals

Authorized signatories for Visitors Pass.

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Medical Services, Accounting and MIS Dept.
QA Department
Administrative Department
Human Resources Department

- Judy R. Halago, MD
- Marilar F. De Guzman, MD
- Au S. De Jesus
- Grace A. Guevarra

6.5.5 VIP/s and Important Clients

6.5.5.1. Pre - scheduled and arranged VIP/s and/ or important guests are allowed to access the clinic in coordination with the Executive Office/ Admin Manager and/ or the General Manager for Operations.

6.5.6 Specialists/Consultants

6.5.6.1 All regular specialists and consultants of the Clinic are required to wear their Specialist's/ Consultant's ID upon entry to be issued by the Security Personnel and surrendered prior to exit from the clinic.

6.5.6.2. Consultant/ Specialist must submit him/herself to body and bag inspection before entry.

6.5.6.3. The Security Personnel must log the time-in of the Specialist/ Consultant.


6.5.6.4. In cases wherein the specialist or consultant lost the issued ID, the consultant shall pay a Lost ID fee of One Hundred pesos (PhP100.00) to the cashier and the official receipt number must be recorded in the Security Logbook.

6.5.6.5. The Medical Operations Department shall provide an updated list of all accredited in-house specialists and consultants to the Security Personnel annually or on an as needed arises whenever a new specialist is accredited for proper identification.

6.5.7 Suppliers

6.5.7.1 Suppliers are only allowed to access the Urban Avenue entrance of the building.

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6.5.7.2. No supplier shall be allowed to visit directly the Unit/Department without the approval from the concerned Manager. ***(Please refer to Standard procedure for Supplier Access)***

6.5.7.3. Supplier's Collector shall not be allowed to go to the Accounting Unit without the approval of the Disbursement staff. Copy of company with scheduled collection will be provided by the Purchasing Unit for the Security Personnel's reference. Names of Company representatives who were not found in the list are restricted entry or access.

6.5.8. Medical Representatives

6.5.8.1. The Medical Representative shall be granted access/entry to the Clinic for coverage, provided they submit the following requirements to the General Manager for Operations: Certificate of Employment, Recent photo and Company ID.

6.5.8.2. The Medical Representative is considered a supplier and must undergo the same Standard Procedure for a Visitor.


6.5.8.3. The Medical Representative should log on the Supplier and Medical Representatives Logbook before issuance of a visitor's pass.

6.5.8.4. The Medical Representatives is allowed to cover/ visit from 3pm to 6pm only.

Medical Representative who may visit/ cover beyond the aforementioned schedule is only allowed upon endorsement by the General Manager for Operations.

6.5.8.5. The Medical Representative requesting for appointment on lecture or

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product presentation shall be directed to the General Manager for Operations for approval. The Medical Representative is not allowed to set up an appointment with the reception staff or any of the Halcyon employees.

6.5.8.6 The Medical Representative shall not be allowed to stay or conduct meetings in the employee's work area where patients are waiting. The Medical Representative shall be allowed to stay only at the lobby.

6.5.8.7. Violations on any of the above shall be immediately reported to the Administrative Manager and or the General Manager for Operations for proper sanctions which may include the Medical Representatives being escorted by a Security Officer outside the clinic premises or refusal of entry.

6.5.9 Repairs and Maintenance

6.5.9.1. All repairs, maintenance, carpentry works and other services availed by the clinic from an accredited contractor must be verified and coordinated with the concerned manager before allowing entry. Please refer to the Standard Procedure for Contractor.


6.5.9.2. Security Personnel shall ensure that contractors only work and stay where they are supposed to be working.

6.5.9.3. Security Personnel shall explain the "Do's and Don'ts" while working within the premises

6.5.9.4 Contractors are not allowed to use Halcyon tools, furniture and equipment in doing their work.

6.5.9.5 Contractors must observe "Clean As You Go" policy.

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6.5.9.6. Contractors are not allowed to roam around and gain access to any company property or beyond the scope of service or job order.

6.5.9.7. Eating and resting inside the clinic is not allowed.

6.5.9.8. Damages, missing items or any incident which will occur during or after work must be reported to the Administrative Manager. The Administrative Manager issues a written request for replacement once the contracted workers are found accountable for damage or loss of property within the work area.

Management reserves the right to stop any contracted work if there is a breach of safety and security policies, all works within the company premises shall be performed with minimum disruption to employees and its operations, contractor must observe proper housekeeping, no smoking, etc.

6.5.9.9. Contractors must undergo security procedure before exit from the clinic premises.

6.5.10 Procedure for monitoring the Inventory of clinic IDs

6.5.10.1 Daily inventory of all clinic IDs and use controlled inventory logbook for recording purposes.

6.5.10.2 Lost ID and without pair ID must be reported to Admin assistant or Admin manager.


6.5.10.3 The night shift guard shall be assigned for the inventory of all clinic IDs.

6.5.10.4 Internal security personnel double check the inventory logbook daily if this is observed by the guards.

6.6. POLICY IN CASES OF EMERGENCY

6.6.1. In times of calamity e.g. earthquake, fire and other natural disasters, the Security Personnel shall ensure that safety of all patients and employees is prioritized.

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6.6.2. The Security Personnel shall ensure traffic-free evacuation of all patients and employees until all has reached the designated assembly/rescue area. The Security Personnel ensures that no patient or employee is left behind in case an evacuation has been completed.

6.6.3. That all safety measures of the clinic shall be carried out according to the **Emergency Management Team** of the clinic. Please refer on the Evacuation Plan for reference and the Emergency Response Team.

6.6.4. Emergency doors shall be free from any obstructions and must be in good condition.

6.6.5. The light outside the emergency door (near 3rd floor stockroom) must be lit during night time.

6.6.6. The roving guard shall regularly check readiness of Fire Life Safety Equipment (Emergency Light, Alarm System, Fire Extinguishers and others) and accessibility of emergency exit points.

6.6.7. Security Officer shall maintain records of all safety checklist including the monthly checking of fire extinguishers based on standard preventive maintenance.


6.6.8 Day shift roving and night shift roving guard are assigned to check if there is an evacuation plan and emergency management team to all areas.

6.6.9 Internal security personnel updating the evacuation plan on a quarterly basis.

6.7 CONTINGENCY DURING PEAK SEASON

1.1 All patients (New & Follow up with or without referral from the company) will be directed to Officer's lounge if there is overflow access to the usual Lines.

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1.2 The Security assigned in the receiving area shall assist patients in logging in the patient's logbook. The assigned guard will monitor all incoming patients, including rush or those with special endorsements as relayed by the Medical Operations Department.

1.3 Ground Floor Security Spotter will control the traffic of patients in the hallway at the ground floor.

1.4 Ground Floor Security Spotter will coordinate with the 3rd floor Security Spotter/Activator in sending patients to testing units.

6.8 EMERGENCY PROCEDURE AND RESPONSE

It is important to provide employees with guidelines on the correct action required to protect themselves and patients in the event of an emergency situation threatening life and/or property such as fire, earthquake, typhoon and man-made threat including evacuation.

Both employees and the Security Personnel should be skilled in the management of emergencies by establishing clear guidelines and undergoing proper training.

In the event of an emergency, members of the Emergency Management Team should call the appropriate action to alert employees and patients.


The Security Officer should decide if additional emergency services should also be called e.g Fire department representatives, Barangay Captain, Bomb Squad etc.

The Security Officer should initiate the call of an appropriate emergency action. Members of the Emergency Management Team should act promptly and lead the crowd within the clinic when they hear an alarm or determine an emergency situation.

The safety of patients, employees and visitors is of paramount importance.

If an emergency evacuation is required, employees should be guided by the floor marshalls. Please refer to the Emergency Management Team posted on all areas of the clinic.

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Things to Remember during Emergency:

- Remain calm - do not panic.
- Raise the alarm and ensure that the exact location of the emergency is disseminated to the required emergency services/ employees.
- Alert management and other employees/ patients.
- Remove people from danger if safe to do so.
- Remember - no amount of money or drugs are worth a life.
- Report to the Security Officer.
- Provide assistance as required.
- Ensure the phone lines and lines of shortwave radios are kept open.
- Assemble as directed by the Floor Marshall and evacuate when instructed to do so.

6.9 CLOSE CIRCUIT TELEVISION (CCTV) Systems

Closed circuit television, better known as CCTV, allows the Security personnel to monitor the clinic premises in the most convenient and effective way. CCTV cameras are very important in monitoring areas where access by unauthorized individuals renders the property, personnel and clients vulnerable to theft, breach to security and safety.


The Security Officer is responsible for ensuring that the CCTV system of HMHS is operating in tip top condition at all times.

The CCTV system should be maintained by the MIS department and should coordinate with the supplier for breakdown of equipment.

The MIS department is responsible in providing back up for the CCTV footage.

A. Purposes

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1. For constant and consistent surveillance in places/areas with high volume of patients, areas with critical equipment such as the clinic servers, laboratory machines/equipment, Executive area, central inventory, documentation and finance department of Halcyon .
2. To monitor activities within the clinic and movement of patients.
3. To catch and identify burglars and record security-related incidents.

B. Description

HALCYON MARINE HEALTHCARE SYSTEMS, INC. is using an advanced CCTV system in order to meet the security requirements of its client companies.

C. Retention Period

A minimum retention time of 30 days of CCTV recording must be saved and digitally archived, as this provides sufficient time for the security officer to retrieve the video and review in the event of an incident.


Replacement of CCTV storage media (hard drive) can be executed once the storage is full which is estimated at 30 days.

D. Reviewing of Data

The Security Officer shall review the CCTV footage at least once a week for any unusual incident. Any unusual incident should be reported in writing to the GM for Operations and other members of the Management Team for proper disposition.

In order to protect the information gathered from the CCTV System under Data Privacy Act, the following names are authorized to review the CCTV footage for a reported security breach or critical/unusual incident.

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Medical Services, Accounting and MIS Dept.- Judy R. Halago, MD
 QA Department - Marilar F. De Guzman, MD
 Administrative Department - Au S. De Jesus
 Human Resources Department - Grace A. Guevarra

E. Results/ Findings/ Captured Data Restrictions

1. All videos captured during the review are not for public consumption and must be protected under the Data Privacy Act. No videos or screen shots can be reproduced or disseminated without the approval of management.
2. The viewing of the CCTV footage by other employees is strictly prohibited. Any request for viewing should be approved by Management. Employees are not allowed to get a copy of either the video or screenshots of captured data unless a warrant from the court is presented to Management.


F. Use of Short Frequency Radio

A. Purpose

To ensure the smooth but accurate communication to all concerned.

1. Ground Floor Entrance Guard (Buendia Side)
 - a. Communicates to the guard on duty at the employee/s entrance and exit area (E/E Urban Side) regarding the following transaction/s:
 - Collection
 - Deliveries
 - Medical Certificate
 - Visitors/ Medical Representative
 - b. Communicates to security officer in-charge and/ or to the internal security regarding the following:
 - Patients, visitors, collectors and applicants against dress code
 - In case of emergency situation

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2. Ground Floor Lobby Reception - 1

- a. Communicates to the following sections in relation with the following cases:

Sections:

- Customer Service Officer (CSO)
- Medical Coordinator (MEDCOR)
- Internal Security/ Security Officer In-Charge (OIC)

Cases:

- Patients for follow-up
- Patients for completion and for rush
- Patients with schedule but subject to hold
- Patients with contagious disease
- Patients with pending medical due to confidential status/ situation
- Patients subjected to advice to report to their respective company or agency

3. Ground Floor Lobby Reception - 2 (Assist)

- a. Communicates to the following sections in relation with the following cases:


Sections:

- Customer Service Officer (CSO)
- Medical Coordinator (MEDCOR)
- Internal Security/ Security Officer In-Charge (OIC)

Cases:

- Applicant/s for exam and interview

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QUALITY STANDARD SYSTEM MANUAL	 HALCYON MARINE HEALTHCARE SYSTEMS	DOCUMENT NO. QHM 3.0	EFFECTIVITY DATE: October 9, 2019
			REVISION NO.: 10
		PREPARED BY: Marilar F. De Guzman, MD QAM	APPROVED BY: Glennnda E. Canlas, MD Medical Director
SUBJECT: SECURITY & SAFETY POLICY AND PROCEDURES			

- New patients subjected for verification of referral thru email
- New patients with expired referral, no signature of authorized signatory or using obsolete referral
- New patients with contagious disease
- New patients with schedule but subjected to hold

4. Ground Floor Employees Entrance/ Exit (Urban Side)

- a. Communicates to the concerned department pertaining to the following transaction/s:
- Deliveries
 - Billing/ Collection
 - Medical Representative for coverage
 - Visitors with or without official schedule/ transaction
 - Employees under long term leave/ absent or resigned
 - Documents Releasing Section in connection with medical certificate of patients


5. Third Floor Spotter

- a. Responsible in informing the concerned security post with respective handheld radio in relation with the following:
- New or returning patients with unfinished transaction at the ground floor (Follow up form, history taking, urine, blood test and etc.)
 - Inform concerned unit regarding patients without entry pass, ticket and violation against dress code
 - Inform all units in case of emergency situation

6. Roving Security Personnel

- a. Responsible to notify the concerned department and security post relative to the following:
- Emergency Situation
 - Water leakage

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- Malfunction Equipment/ Machine
- Visitors with or without official schedule/ transaction
- Applicant/s for exam and interview
- New patients subjected for verification of the referral thru email
- New patients with expired referral, no signature of authorized signatory or using obsolete referral
- New patients with contagious disease
- New patients with schedule but subjected to hold

6.9 PROCEDURE FOR MONITORING THE FIRE ALARM SYSTEM

6.9.1 Quarterly checking of fire alarm system

6.9.2 HMHS Maintenance and security personnel are assigned to check or inspect fire alarm system.

6.9.3 Recording of fire alarm system inspection checklist the following details.

6.9.3.1 Date of inspection

6.9.3.2 Location

6.9.3.3 Smoke detector


6.9.3.4 Fire alarm button

6.9.3.5 Fire alarm panel

6.9.3.6 Name of inspector

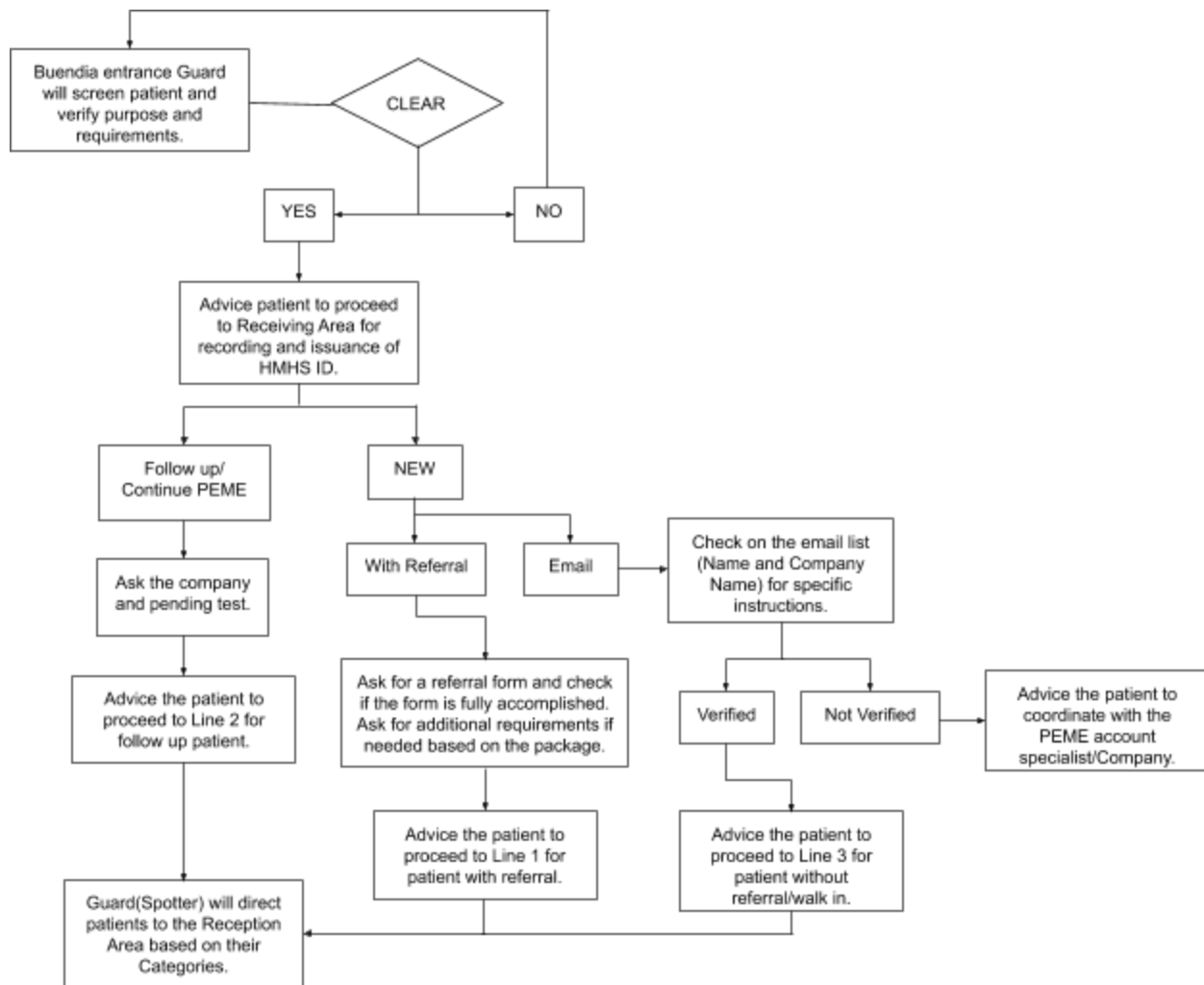
6.9.4 Report to Admin manager and internal security personnel if there are abnormalities.

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VII. PROCEDURE

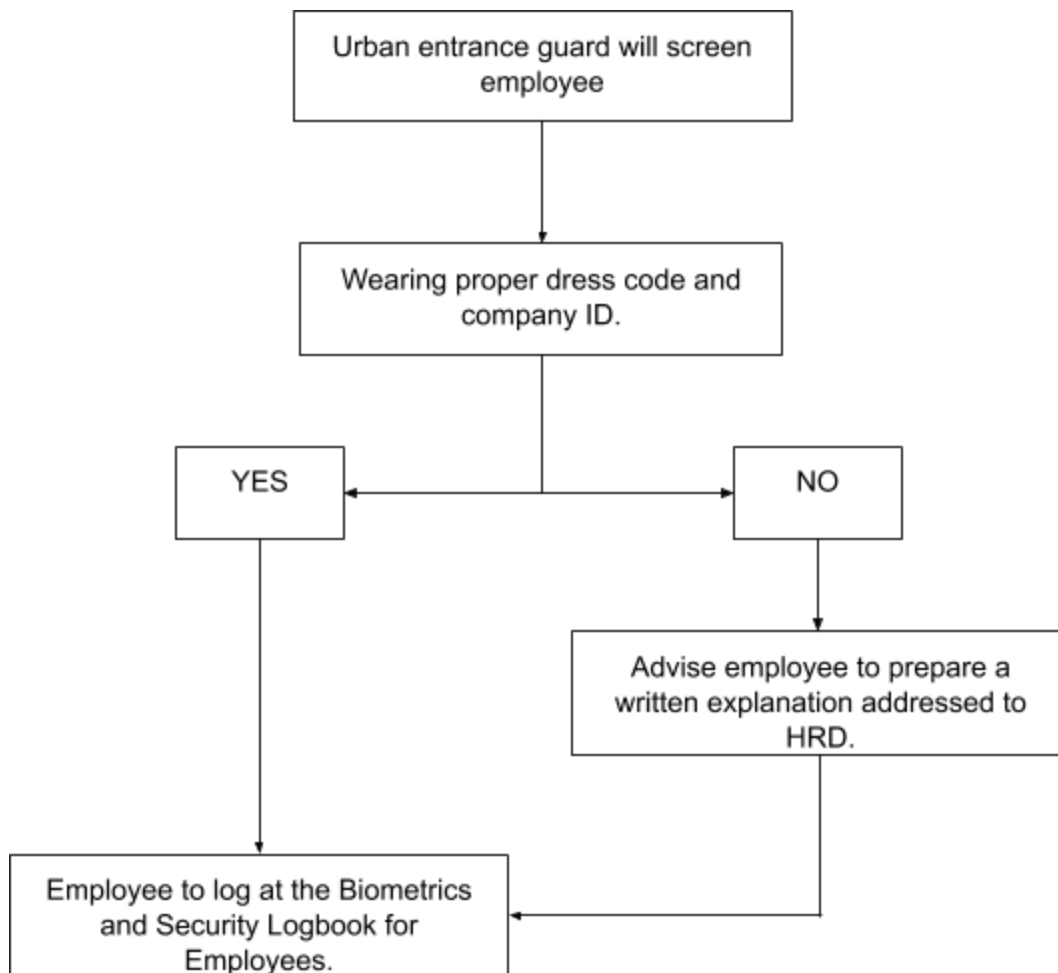
A. STANDARD ACCESS PROCEDURE FOR PATIENTS




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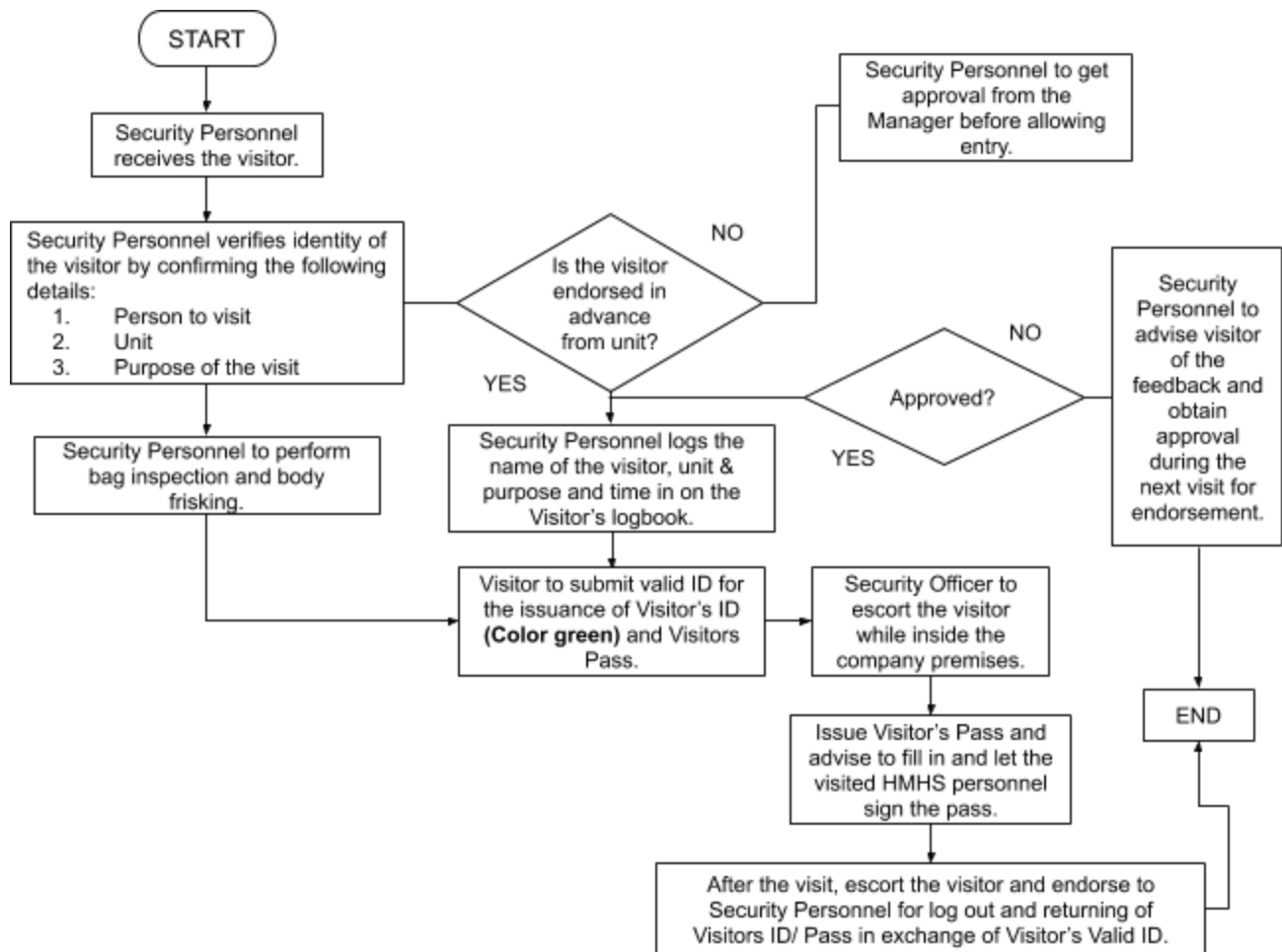
B. STANDARD ENTRY PROCEDURE FOR EMPLOYEES




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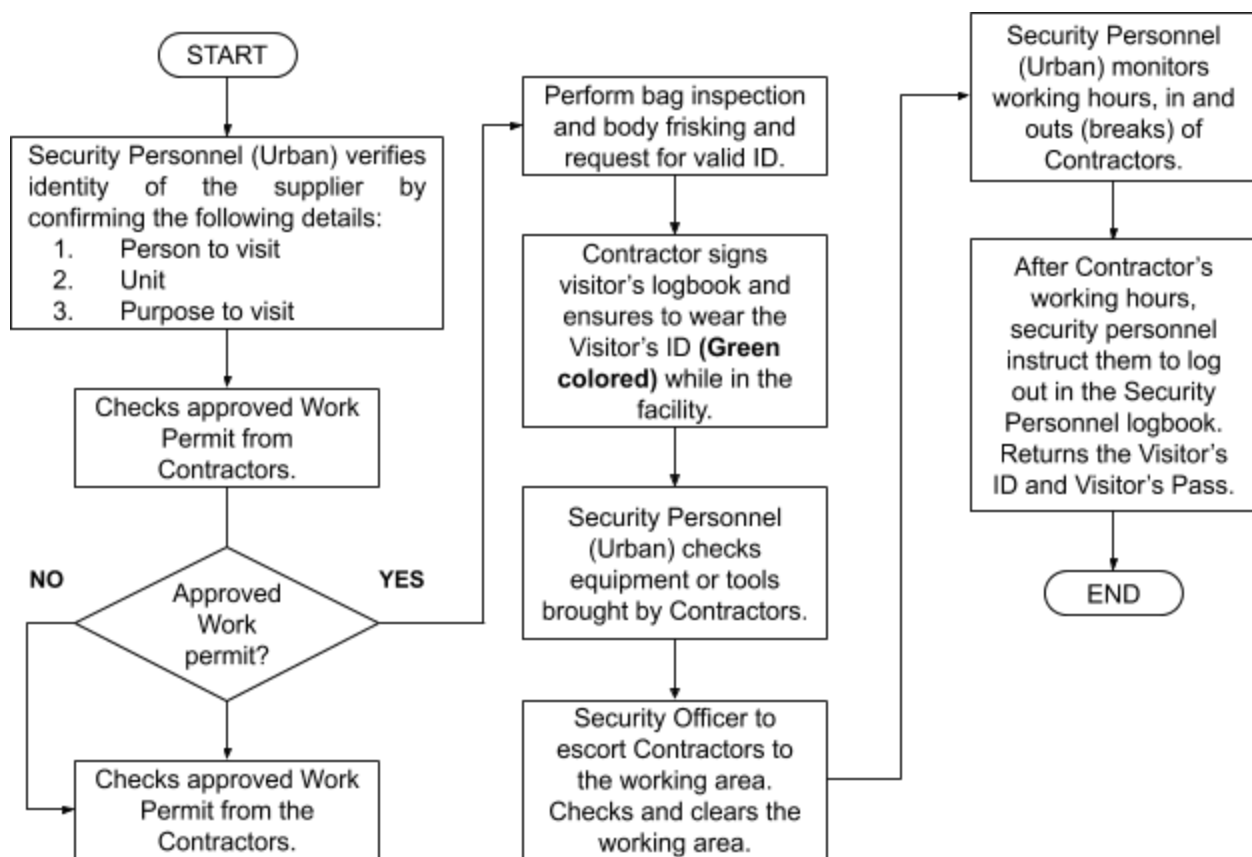
C. STANDARD ACCESS PROCEDURE FOR VISITORS




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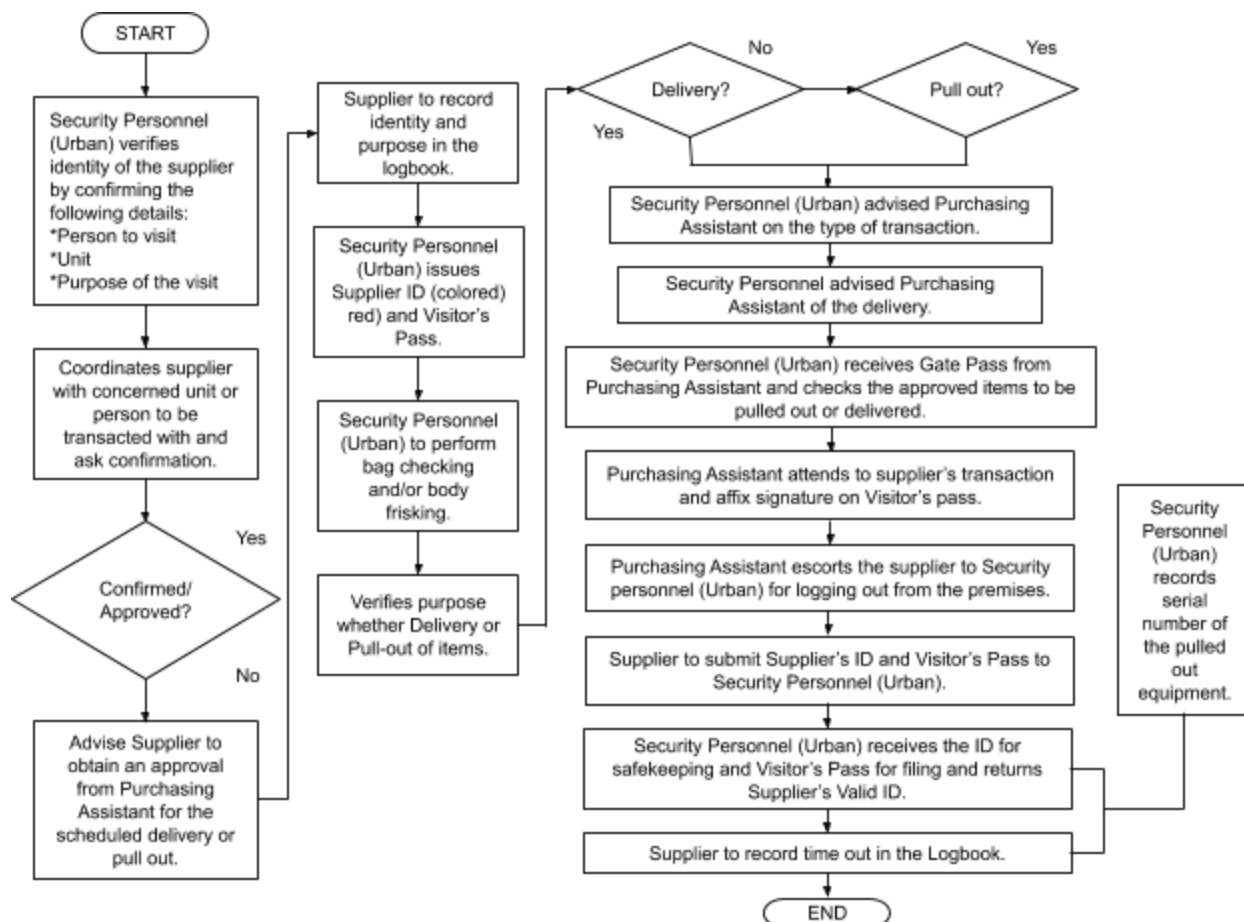
D. STANDARD ACCESS PROCEDURE FOR CONTRACTORS




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E. STANDARD ACCESS PROCEDURE FOR SUPPLIERS



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VIII. LIST OF FORMS

1. EXEC - 04 Safety Checklist
2. EXEC - 05 Visitor's Pass
3. EXEC - 07 - 01 Emergency Lights Inspection Checklist
4. EXEC - 08 Fire Extinguishers Inspection Checklist
5. EXEC - 10 Gate Pass
6. EXEC - 14 Employees Pass
7. EXEC - 15 Work Permit
8. EXEC - 16 Security Personnel Daily Report
9. EXEC - 18 Security Inspection List
10. EXEC - 21 Laboratory Inspection Report
11. EXEC - 22 Applicant Pass
12. EXEC - 23 Contractor Pass
13. EXEC - 24 New Patient Activated Ticket Number
14. EXEC - 25 Follow Up Patient Activated Ticket Number

IX. LOGBOOKS

1. SEC - 01 Visitor's Logbook
2. SEC - 02 Parking Logbook
3. SEC - 03 Hand Carry Patient Logbook
4. SEC - 04 Contractors Logbook
5. SEC - 05 Activation Logbook
6. SEC - 06 Suppliers/Medical Representatives Logbook
7. SEC - 07 Security Logbook
8. SEC - 08 Employee Logbook
9. SEC - 09 Walk - In Patient Logbook
10. SEC - 10 Key Control Logbook
11. SEC - 11 Inventory Logbook of Clinic IDs

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