

Integrated Monitoring & supervisory checklist for Health Facilities

GENERAL SERVICES				
<i>Name of facility:</i> <i>Category of facility: DHQ _____ THQ: _____ RHC: _____ BHU: _____</i> <i>Private/ Other: _____</i>				
RADIOLOGY & LABORATORY SERVICES				
<i>Services</i>	<i>Check Availability</i>		<i>Check Functionality</i>	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Blood Bank				
Mini Lab.				
Microscopes				
X-Ray Machine				
Ultra Sound Machine				
Check number of investigation done in last month, if any			Number:	
Check the number of X-Ray done in last month, if any			Number:	
Check the number of Ultrasound done in last month, if any			Number:	
GENERAL COMMENTS & RECOMMENDATIONS				
Signature of Monitoring Officer:				
Name & Designation:				
Date of Visit:				

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Facility Description

Write the name of Health Facility. Tick against the category in which this HF falls.

General Services

Radiology & Laboratory Services

Tick appropriate box by directly observing the condition, checking the record, and asking questions from In-charge of health facility or other relevant staff regarding availability & functionality of specified items & material. After checking functionality of specified unit & equipments, write the number of Lab. Investigations, number of X-Ray and number of Ultrasounds done during the last month.

Overall observation and summary of findings/recommendations or follow up actions

The supervisor will note the feedback or responses given by facility staff. Enlist the main problems identified during the visit and remedies/actions suggested with responsibility fixed in a given timeframe.

After filling the checklist the monitor will write his name, designation and date of the visit.