# Integrated Monitoring & supervisory checklist for Health Facilities

| GENERAL SERVICES  |                    |                       |                |                               |             |  |  |
|---|--------------------|-----------------------|----------------|-------------------------------|-------------|--|--|
| Name of facility:   |                    |                       |                |                               |             |  |  |
| Category of facility  | y: DHQ<br>Other:   | <i>THQ:</i> _         | RH             | C: BHU: _                     | Private/    |  |  |
| OPERATION THEATER Check the HF category, availability & functionality of OT |                    |                       |                |                               |             |  |  |
| General condition (Sanitary condition)                                      |                    |                       | Good           | Average                       | Poor        |  |  |
| Air Conditioning  |                    |                       | Good           | Average                       | Poor        |  |  |
| Check & note last date of Fumigation  |                    |                       | Date:          |                               |             |  |  |
| Separate Wash Room available  |                    |                       | Yes            | No                            |             |  |  |
| Separate Sterilization room available                                       |                    |                       | Yes            | No                            |             |  |  |
| Oxygen available  |                    |                       | Yes            | No                            |             |  |  |
| Nitrous Oxide available   |                    |                       | Yes            | No                            |             |  |  |
| Health education//Counseling material available                             |                    |                       | Yes            | No                            |             |  |  |
| Duty Doctors desk available   |                    |                       | Yes            | No                            |             |  |  |
| Nurse/Dispenser desk available  |                    |                       | Yes            | No                            |             |  |  |
| Tick the relevant b   |                    |                       |                | ,                             |             |  |  |
|   | Operation<br>Table | Instrument<br>Trolley | OT Light       | Anesthesia Machine            | Autoclave   |  |  |
| Furniture &   | Thermometer        | Drip Stand            | Flash<br>Light | Sphygmomanometer              | Stethoscope |  |  |
| Instruments   |                    |                       |                |                               |             |  |  |
| available   | Laryngo Scope      | Megils<br>Forceps     | ETT            | Neonatal<br>Resuscitation Kit | Ambu Bag    |  |  |
|   |                    |                       |                |                               |             |  |  |
| GENERAL COMMENTS & RECOMMENDATIONS  |                    |                       |                |                               |             |  |  |
|   |                    |                       |                |                               |             |  |  |

| Signature of Monitoring Officer: |  |
|----------------------------------|--|
| Name & Designation:              |  |
| Date of Visit:                   |  |

## **USER GUIDE** – General Services – Operation Theater

## **Facility Description**

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

#### **General Services**

## **Operation Theatre**

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.

### 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.