**Integrated Monitoring & supervisory checklist for Health Facilities**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL SERVICES** | | | | | | | | |
| ***Name of facility:***  ***Category of facility: DHQ \_\_\_\_ THQ: \_\_\_\_ RHC: \_\_\_\_\_\_ BHU: \_\_\_\_\_ Private/ Other:\_\_\_\_*** | | | | | | | | |
| **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 box: | | | | | | | | |
| ***Furniture & Instruments available*** | Operation Table | Instrument Trolley | | OT Light | Anesthesia Machine | | | Autoclave |
|  |  | |  |  | | |  |
| Thermometer | Drip Stand | | Flash Light | Sphygmomanometer | | | Stethoscope |
|  |  | |  |  | | |  |
| Laryngo Scope | Megils Forceps | | ETT | Neonatal 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.