## **PCPNDT Inspection Report (CHFW)**

## **Application No**

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1. Facility Name: Roth Osborne Address: 408,Zenia Lynn,Ameerpet,Ameerpet,H Phone: 1231231232 Email: beja@gmail.com	lyderabad				Yes		
2. Applicant Name: Roth Osborne Qualification: Address: 480Carolyn RobertsDacharamEllanthak Phone Email:	untaRajanna(Sirisilla	a)					
A. PLACE A room with an area of seven (7) squar	e meters.				Yes		
B. EQUIPMENT Educational charts / models					Yes		
SL NO		Name	SerialNumber	Model	Make		
1		asdf	asdf	asdf	asdf		
C. EMPLOYEES  Any one of the following:  1) Medical Geneticist					Yes		
2) Gynaecologist with 6 months experie	nce, in genetic couns	elling or having complet	ed 4 weeks training	ın genetic c	eounselling Yes Yes		
SL NO	Name	Designation	Experience		egistration Number		
1	asdf	DepartmentAdmin 2	2Year(s),2Months,2	Days	asdf		
<b>D.</b> a) Maintenance of Form F.							
b)PC&PNDT Record maintenance Reg	gister				Yes		
c)Filling of IT Returns					Yes		
Е.					Yes		
In view of the inspection obtained in the facility of the applicant be granted	e check-list it is reco	mmended / not recomme	ended that the regist	ration / ren	ewal to the		

-GENETIC CLINIC-

1. Name, Address, Contact Number and Email-ID of the Hospital/Nursing Home/Clinic/Diagnostic Centre	Yes			
2. Name,Qualification,Address,Contact Number and Email-ID of the Owner				
3. Qualification of Radiologist/Gynecologist				
	Yes			
A. Place:				
A Room with an Area Of 20sq. meters with appropriate aseptic arrangements				
B. Equipment:				
1) Equipment and accessories necessary for carrying out clinical examination by an obstetrician/Gynecologist	Yes			
2) Equipment, accessories necessary for other facilities required for operations envisaged in the Act				
a) An Ultra Sonography machine	Yes			
b) Appropriate cathethers and equipment for carrying out chrionic cilli aspirations per vagina or per abdomen				
c) Appropriate sterile needles for amniocentesis or cordocentesis				
Y d) A suitable foetoscope with an appropriate accessories for foetoscopy, foetal skin or organ biopsy or foetal blood samplin shall be optional				
3) Equipment for dry and wet Sterilization	Yes			
4) Equipment for carrying out emergency procedures such as evacuation of uterus or resuscitation in case of need				
	Yes			
C. Employees				
1) A Gynaecologist with adequate experience in prenatal diagnostic procedures	Yes			
2) A Raiologist or Registered medical Practitioner for carrying out ultrasonography. The required experience shall be 100 cases under supervision of a qualifies person experienced in these techniques				
super vision of a quantites person enperioneed in intere techniques	Yes			
D				
a) Maintenance of form F	Yes			
b) PC&PNDT Record maintenance Register				
c) Filing of IT Returns				
${f E}$	Yes			
In View of Inspection obtained in the check-list it is recommended/not recommended that the registration/Renewal to the facility of the applicant be granted				
	Yes			