
MEDICAL CLINIC ID NO. : ………………………
REGISTRATION NO. : ……………………… DATE OF REGISTRATION : ………………………
NAME OF PREMISES : ........................................................................................................
ADDRESS OF PREMISES : ........................................................................................................
TYPE OF SERVICES : □ General Outpatient □ Specialist Services Specify ………………………
OPERATING HOURS : ........................................................................................................
TYPE OF PRACTICE : □ Solo □ Group
NATURE OF BUSINESS VENTURE : □ SP □ BC □ Society □ Partnership
NAME OF HOLDER OF COR : ........................................................................................................
NAME OF PERSON IN CHARGE : ........................................................................................................
DATE AND TIME OF INSPECTION : ........................................................................................................
NAME OF INSPECTOR(S) : ........................................................................................................

Please ( ✓ ) in the appropriate boxes

PART I – DOCUMENTS INSPECTION

<table>
<thead>
<tr>
<th>REG.</th>
<th>ITEMS</th>
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<th>COMMENTS</th>
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<td>Yes</td>
<td>No</td>
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</table>

ORGANISATION & MANAGEMENT

R.8. Person in Charge
Current APC Qualification

R.9. Other Healthcare Professional Staff
Current APC Qualification

R.20. Minimum Information Captured in Attendance, Referral and Death Register

R.22. Staff Register with Qualification, Full Registration No., Address and Tel. No.
RMP – Permanent/Temporary (including Locum)
Other Staff

R.30. Appropriate Patient Medical Record System with Minimum Information

POLICY AND PROCEDURE

R.14. Written Policy
(1) Provision of written policies on–
(b) Procedure of patients registration, attendance and referrals
(c) Incident reporting
(d) Infection control including notification
(h) Transportation of laboratory specimens
**PART II – FACILITIES AND SERVICES INSPECTION**

<table>
<thead>
<tr>
<th>SECT/REG.</th>
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**ORGANISATION AND MANAGEMENT**

- S.28. Certificate of Registration (COR)
- R.7. Organisation Chart
- R.15. Policy Statement
  - (a) Staff Identification/Billing Procedures/
  - (c) Patient’s Rights
- R.24. Duty Rosters of HC Professional Staff
- R.74. Emergency Call Information

**SPECIAL REQUIREMENTS FOR PHARMACEUTICAL SERVICES**

- R.82. Storage and Maintenance of Poison and Dangerous Drugs
  - In accordance to the Dangerous Drugs Act 1952
- R.83. Stored and Dispensed Medications Appropriately Labelled
- R.84. No Expired Drugs in Premises
- R.86. Maintenance of Cold Chain for Vaccines

**SPECIAL REQUIREMENTS FOR RADIOLOGICAL OR DIAGNOSTIC IMAGING SERVICES**

- R.93. Valid Atomic Energy Licence for Radiological or Diagnostic Imaging Services

**GENERAL PROVISIONS FOR STANDARDS OF PRIVATE MEDICAL CLINICS**

- R.34. Location of Private Medical Clinics
- R.41. Appropriate Signage and Labeling
- R.37. Doors
  - (1) Entrance/Consultation and treatment room doors ≥ 1.2m
  - (2) Toilet doors ≥ 0.9m and not swing inwards
  - (6) No doors (except closet doors) swing into the corridors

**STANDARDS FOR OUTPATIENT FACILITIES AND SERVICES**

- R.90. General requirements
  - (1) Not a thoroughfare
  - (2) Type of facilities commensurate with type of services
  - (3) Minimum basic facilities provided—
    - (a) Adequate waiting area
    - (b) Administrative/Financial facility/area
### R.91. Medical Outpatient Services

1. **No. of consultation room(s)**
   - **(a)** Minimum dimension of 3.0m and minimum area of 11.1m²
   - **(b)** Facilities available
     - Handwashing facilities
     - Examination light
     - Storage of supplies and equipment
     - Dressing cubicle or area
     - Screen
     - Film illuminator

2. **Treatment room**
   - **(a)** Minimum dimension of 2.4m and minimum area of 8.0 m²
   - **(b)** Facilities available
     - Handwashing facilities
     - Examination light
     - Storage of supplies and equipment
     - Dressing cubicle or area
     - Screen
     - Film illuminator

3. **Minor surgery room**
   - **(a)** Minimum dimension of 2.4 m and minimum area of 8.0 m²
   - **(b)** Facilities available
     - Scrub sink
     - Liquid detergent dispenser
     - Operating light
     - Storage room or area
     - Screen
     - Film illuminator

4. **Adequate and sufficient sterilising facility**
5. **Adequate linen and equipment storage room or area**

### R.75. Basic Emergency Care Services (Referring to 5th Schedule)

- **(a)** An emergency call system
- **(b)** Oxygen
- **(c)** Airways and manual breathing bag
- **(d)** IV supplies
- **(e)** Electrocardiogram
- **(f)** Suction equipment
- **(g)** In-dwelling urinary catheters
- **(h)** Drugs and other emergency medical equipment/supplies deemed necessary

### R.45. Plumbing

- **(2)** Sinks for cleaning utensils and equipment

### R.51. Adequate Ventilation

### R.52. No Exposed Sewer Line at Work/Clinical Area

### SECT/REQ. ITEMS COMPLY COMMENTS

<table>
<thead>
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<tr>
<td>R.54.</td>
<td>Appropriate Management of Hazardous</td>
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## Waste

<table>
<thead>
<tr>
<th>R.55. Organised Housekeeping</th>
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<tbody>
<tr>
<td>R.65. Proper Linen Processing</td>
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<tr>
<td>R.43. Janitor’s Closet or Area</td>
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### OTHERS

- Infrastructures as per Submitted Floor Plan

If No, please comment below.

### Comment(s):

- Comments go here.
- Comments go here.
- Comments go here.
- Comments go here.
- Comments go here.
- Comments go here.
- Comments go here.
- Comments go here.

Prepared by,

Reviewed by,

Name: ____________________________

Name: ____________________________

Designation: ______________________

Designation: ______________________

Date: ____________________________

Date: ____________________________