

6.8 Appendix 08 - Sample - Inspection Report

Sample – Inspection Report

Application Number: xxx123

Facility Name : xxxxx

Facility Address : xxxxx

Date/ Remarks

Inspection type	Pre-Inspection Assessment	<input type="checkbox"/>
	Final Inspection	<input type="checkbox"/>
Inspection number	First Inspection	<input type="checkbox"/>
	Subsequent Inspection	<input type="checkbox"/>
	Subsequent Inspection	<input type="checkbox"/>
Location (where applicable) [eg Inpatient Unit]	Zone or Floor [Level 4]	Department or FPU

Architectural/ Medical Planning

No	Item Category/ Location	Subject	YES	No	N/A	Sub Para	Description (By Inspector)	Applicant's Response
1	General	Compliance with DOH approved plans [Deviations from approved plans]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.1		
		[Change of use]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.3		
2	NOC's	Biomedical Testing Certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1		
		Shielding (FANR where required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2		
		[Other Authorities]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.3		
3	Readiness	Ready for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1		
		Access available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2		
4	Sizes	Room and corridor size compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1		
		Clearance around beds & objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.2		
5	Finishes	Correct types/ installation/ detailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1		
6	Ceilings	Correct types/ installation/ detailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1		
7	Furniture, Fittings, Equipment	Correct types/ installation/ detailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1		
8	Sanitary Fixtures	Correct types/ installation/ detailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.1		
9	Hand Wash Basins	Correct types/ installation/ detailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.1		
10	Doors	Correct types/ clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.1		
11	Windows	Mandatory windows provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.1		
12	Window Treatment	Curtains/ Blinds type/ compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.1		
13	Ergonomics	Complies with ergonomics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13.1		
14	Other Items	Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.1		
15		[additional items]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.1		
16		[additional items]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16.1		

MEP Engineering

No	Item Category/ Location	Subject	YES	No	N/A	Sub Para	Description (By Inspector)	Applicant's Response
1	General	General Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	HVAC	Availability/ Installation/ Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Electrical	Availability/ Installation/ Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Plumbing	Availability/ Installation/ Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	ELV	Availability/ Installation/ Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Nurse Call	Availability/ Installation/ Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Medical Gases	Availability/ Installation/ Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Security	Availability/ Installation/ Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Other	Availability/ Installation/ Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			