

Health Facility Inspection Checklist

This checklist is to be used by Local Health Authority or outsourced Inspectors to record any non-compliance of the constructed health facility either new or major refurbishment (exceeding 50% of the existing) to an existing facility.

1 Functional Planning Unit (FPU) or Department

Choose the applicable FPU(s) being reviewed (ideally use one sheet per FPU):

<input type="checkbox"/> Administration Unit	<input type="checkbox"/> Admissions Unit & Discharge	<input type="checkbox"/> Birthing Unit
<input type="checkbox"/> Cardiac Investigation Unit	<input type="checkbox"/> Catering Unit	<input type="checkbox"/> Clinical Information Unit
<input type="checkbox"/> Complementary and Alternative Medicine Centre	<input type="checkbox"/> Coronary Care Unit	<input type="checkbox"/> Day Surgery/ Procedure Unit
<input type="checkbox"/> Dental Surgery Unit	<input type="checkbox"/> Education Unit	<input type="checkbox"/> Emergency Unit
<input type="checkbox"/> Endoscopy Unit	<input type="checkbox"/> Engineering & Maintenance Unit	<input type="checkbox"/> Health Centres
<input type="checkbox"/> Housekeeping Unit	<input type="checkbox"/> Inpatient Unit - Bariatric	<input type="checkbox"/> Inpatient Unit - General
<input type="checkbox"/> Intensive Care Unit - General	<input type="checkbox"/> IVF Unit (Fertilisation Centres)	<input type="checkbox"/> Laboratory Unit
<input type="checkbox"/> Linen Handling Unit	<input type="checkbox"/> Main Entrance Unit	<input type="checkbox"/> Maternity Unit
<input type="checkbox"/> Medical Imaging Unit - General	<input type="checkbox"/> Medical Imaging Unit - Nuclear Medicine Unit & PET	<input type="checkbox"/> Mental Health Unit - Adult
<input type="checkbox"/> Mental Health Unit - Child & Adolescent	<input type="checkbox"/> Mental Health Unit - Older Persons	<input type="checkbox"/> Mobile Healthcare Unit
<input type="checkbox"/> Mortuary - General	<input type="checkbox"/> Oncology Unit - Medical (Chemotherapy)	<input type="checkbox"/> Oncology Unit - Radiation
<input type="checkbox"/> Operating Unit	<input type="checkbox"/> Outpatients Unit	<input type="checkbox"/> Pharmacy Unit
<input type="checkbox"/> Public & Staff Amenities	<input type="checkbox"/> Rehabilitation - Allied Health	<input type="checkbox"/> Renal Dialysis Unit
<input type="checkbox"/> Sterile Supply Unit (SSU)	<input type="checkbox"/> Supply Unit	<input type="checkbox"/> Waste Management Unit

FPU RDL: 1 2 3 4 5 6

(Note: default = the Whole Facility RDL)

New Facility

Refurbishment

% Refurbished %

% New %

% Cumulative Refurb %

2 Architectural/ Medical Planning Compliance Checklist

Does the completed facility match the Local Health Authority approved design drawings?

Yes No

Remarks: _____

Have all required NOC's been submitted?

Yes No

eg. Biomedical Testing, radiation etc.

Remarks: _____

Is the facility ready for inspection and access is available?

Yes No

Note: for Pre-inspection Assessment, all building construction work should be completed and equipment installed.

For Final Inspection, the hospital commissioning should be completed, literally ready to receive patients.

Remarks: _____

Do Room sizes matching the Local Health Authority approved design drawings?

Yes No

Note: Normally up to 10% deviation in area should be accepted

Note: Guidelines use the no-gap area measurement which should not be confused with clear area

Note: Any area approved in the design must be accepted by the inspector

Remarks: _____

Do all the corridor widths comply with the iHFG?

Yes No

Note: Minimum requirements of fire corridors (Local Authority) may not be sufficient. Operating Unit and ICU requires wider corridors.

Remarks: _____

Do clearances around beds and other objects comply with the iHFG?

Yes No

Note: First refer to the FPU diagrams. If not available refer to the relevant RLS for guidance on clearances

Remarks: _____

Are all finishes appropriate, cleanable and installed correctly?

Yes No

Note: Pay particular attention to any open joints, gaps, slip resistance and cleanability

Remarks: _____

Gap-free detailing is applied to all surfaces and joints?

Yes No

Gap-free applies to joinery, walls, floors, fixtures etc

Remarks: _____

Are all critical elements are accessible for inspection?

Yes No

Remarks: _____

Are there any cavity sliders (sliding doors) installed in clinical areas?

Yes No

Note: Cavity sliders may only be used in non-clinical areas such as administration. In all clinical areas any sliding doors must only be surface sliders or swing doors. Surface above sliders should resist dust collection

Remarks: _____

Does minimum ceiling height comply with the iHFG?

Yes No

Note: Default ceiling height is 2700 except procedural area which are 3000 AFFL.

Note: When limited and local deviations are observed check against the allowance permitted in Part D

Remarks: _____

Are all required Furniture, Fittings present and working?

Yes No

Note: At pre-inspection assessment only fixed items are expected.

At final inspection all items are expected.

Remarks: _____

Are all required Medical Equipment provided and certified?

Yes No

Note: Require certification by a competent supplier/ installer or Biomedical Engineer

Remarks: _____

Is an independent Medical Gas System Testing certificate available?

Yes No

Note: Require certification by a competent supplier/ installer or Biomedical Engineer

Remarks: _____

Are all required Sanitary Fixtures present and working?

Yes No

Note: At pre-assessment inspection all items are required and must be working correctly.

Remarks: _____

Hand wash basins are provided where they are required and shown in design?

Yes No

Note: also check the types required, eg Type A, B, C. Higher type can replace lower type. Antiseptic Hand Gel Dispenser is not a replacement for Hand Wash Basin.

Remarks: _____

Are all door openings adequate as per the iHFG?

Yes No

Note: Pay particular attention to areas requiring bed movement and the geometry of space

Note: Also look for any mandatory observation panels which may be required (none required for standard patient bedrooms)

Remarks _____

Are door closers provided where they are required?

Yes No

(eg. fire doors, accessible bathrooms etc)

Remarks: _____

Mandatory external windows, where required, are provided?

Yes No

Note: Refer to the allowances in the iHFG, sometimes borrowed light is allowed eg in ICU

Mandatory direct light is only into Inpatient Bedrooms

Remarks: _____

Are window treatments for sun control appropriate in clinical areas?

Yes No

Note: Curtains should not be used in clinical areas. Window sun control in operating theatres, labs, ED, ICU etc can only be within double glazing. Curtains may be used in Inpatient Bedrooms except isolation rooms as well as non-clinical areas.

Remarks: _____

Does the facility comply with the ergonomics standard as per iHFG?

Yes No

Note: Refer to Part C for examples of ergonomics

Remarks: _____

Are hand rails provided to at least one side of the main corridors?

Yes No

Note: hand rails may be combined with crash bars but the handle still must comply with iHFG

Remarks: _____

3 MEP Engineering Compliance Checklist

Is the HVAC system commissioned according to the Project Requirements and iHFG Part E?

Note: Is a report from the commissioning agent and TAB contractor available?

Yes No

Remarks: _____

Is Adequate Filtration and Air changes been provided for spaces according to iHFG?

Yes No

Remarks: _____

Are the mandated air pressurisation requirements for spaces met? Has the commissioning agent verified the pressure regime as per the guidelines?

Yes No

Remarks: _____

Is a pressure display monitor provided for the isolation room?

Yes No

Remarks: _____

Is the monitor displaying the correct +ve or -ve pressure requirements?

Yes No

Remarks: _____

Has the exhaust for negative rooms been provided with HEPA filtration and stack discharge?

Yes No

Remarks: _____

Has HEPA filtration been provided for the Operating Rooms, Burns Unit and Positive Isolation Rooms?

Yes No

Remarks: _____

Has a fully ducted return air system been provided?

Yes No

Note: Ceiling plenum can never be used as a supply or return air duct.

Remarks: _____

Has the MRI room been provided with non-ferrous MEP systems?

Yes No

Remarks: _____

Has a quench pipe been provided?

Yes No

Remarks: _____

Has an emergency exhaust system been provided?

Yes No

Remarks: _____

Are the pharmacy clean rooms provided with HEPA filters?

Yes No

Remarks: _____

Have laboratory fume hoods been provided with dedicated exhaust?

Yes No

Remarks: _____

Is the exhaust provided with HEPA filtration and stack discharge?

Yes No

Remarks: _____

Are the IVF Procedure Rooms, Embryo Transfer Rooms and Labs provided with HEPA filtration?

Yes No

Remarks: _____

Has a space pressurisation report been prepared for the spaces mentioned in iHFG guideline Part E Section 2.14?

Yes No

Remarks: _____

Has an O&M manual been provided and available to the owner?

Yes No

Remarks: _____

Has emergency power been provided in accordance to iHFG Part E?

Yes No

Remarks: _____

Has UPS power been provided in accordance to iHFG Part E?

Yes No

Remarks: _____

Has IPS power been provided in accordance to iHFG Part E Guidelines?

Yes No

Remarks: _____

Is the generator location as per Local Authority requirements?

Yes No

Remarks: _____

Are Local Authority NoC and approval available?

Yes No

Remarks: _____

Are the electrical rooms provided with 2 hour fire rating or fire suppression as per Local Authority requirements?

Yes No

Remarks: _____

Is the central server room located at a level where flooding cannot occur? Or are there remedial measures in place?

Yes No

Remarks: _____

Is the system resilience covered as per iHFG Part E requirements?

Yes No

Remarks: _____

Has the Fire Alarm system been commissioned according to Local Authority requirements?

Yes No

Remarks: _____

Has the Nurse Call and Emergency Call system provided?

Yes No

Note: Pull-cord type is not acceptable as per iHFG.

Remarks: _____

Are the Annunciator or indicator lights provided and visible?

Yes No

Remarks: _____

Has an O&M manual been submitted to the client representative and has the Facility Management team been trained on the Electrical systems?

Yes No

Remarks: _____

Has the system been installed as per Local Authority requirements?

Yes No

Remarks: _____

Has the main incoming water service to the building been provided with a DCV after the water meter?

Yes No

Remarks: _____

Has the water system been treated with special water treatment equipment?

Yes No

Note: If Yes, please select which system is present:

Low Level Chemical Water Treatment for Raw Water Tank

Water Softener

Ultra Violet

Multimedia Filtration

Copper Silver Ionisation

Microfiltration

Cooling Water Plant Via Heat Exchanger

Reverse Osmosis Water Treatment

Ozone Water Treatment

Remarks: _____

Has warm water been provided to each Wash Hand Basin?

Yes No

Remarks: _____

Has a valve assembly set (includes PRV and DCV) been provided on cold and hot water services to each room?

Yes No

Remarks: _____

Has a water balancing valve been provided on the hot water return side?

Yes No

Remarks: _____

What is the pipe material for the water cold and hot water supply systems?

Remarks: _____

Is RO Water system being provided to Washer Disinfectors for Dirty Utilities?

Yes No

Remarks: _____

Is there an independent RO water System to dialysis areas (only for Dialysis Areas)?

Yes No

Remarks: _____

Is there an independent RO water System been provided for areas outside dialysis areas supply (such as CSSD, Laboratory, Washer Disinfectors, HVAC Equipment etc)?

Yes No

Remarks: _____

Are the RO water system service pipes been installed in stainless steel?

Yes No

If no, state which material was used:

Remarks: _____

Has Water Recycling system been installed?

Yes No

Remarks: _____

Has Clean Steam System been provided to the facility?

Yes No

Remarks: _____

Has Raw/Plant Steam been provided to the facility?

Yes No

Remarks: _____

Has the system been installed as per Local Authority requirements?

Yes No

Remarks: _____

Are the main drainage lines electro-fusion welded?

Yes No

Remarks: _____

For Oncology Areas, is the pipe material used stainless steel?

Yes No

Remarks: _____

Is the laboratory drainage pipe material different from the general waste pipe drainage?

Yes No

Remarks: _____

Has an STP been provided?

Yes No

Remarks: _____

Has Liquid Oxygen been provided with Vaporiser?

Yes No

Remarks: _____

Have 2no. Liquid Oxygen Tanks been provided?

Yes No

Remarks: _____

Has the Liquid Oxygen Tank(s) been provided external as per HTM-02-01 distances?

Yes No

Remarks: _____

Is Oxygen (95% Purity) Generation Being Provided?

Yes No

Remarks: _____

Is Oxygen (95% Purity) Generation being supplied with external fresh air?

Yes No

Remarks: _____

Are the number cylinders system sized based on actual flow?

Yes No

Remarks: _____

Is there an Automatic Cylinder Manifold system for each gas system?

Yes No

Remarks: _____

Is there an Emergency Manual Manifold System for each gas system?

Yes No

Remarks: _____

Do both manifolds systems for all medical gas systems have an exhaust to atmosphere pipe from the manifold?

Yes No

Remarks: _____

Is the cylinder room located on the ground floor?

Yes No

Remarks: _____

Are the Oxygen and Nitrous Oxide Cylinders in the Same Room?

Yes No

Remarks: _____

Is there a spare Cylinder Room or just spare cylinder area?

Yes No

Remarks: _____

Has central Carbon Dioxide Plant been provided?

Yes No

Remarks: _____

Is the Medical Air and Vacuum System provided?

Yes No

Remarks: _____

As per the HVAC AHU strategy for Special areas (such as operating theatres, endoscopy rooms, etc) has a Simplex AGSS unit been provided for each AHU?

Yes No

Remarks: _____

Has the facility been provided with Duplex AGSS system for other areas outside the simplex units?

Yes No

Remarks: _____

Is the main medical gas alarm panel provided?

Yes No

Remarks: _____

Are the general Medical Gas AVSU's been provided at the Staff Stations?

Yes No

Remarks: _____

Has more than one AVSU been provided for special areas as as Operating Theatres, ICU's etc?

Yes No

Remarks: _____

Has a dedicated AVSU or AVSU's been provided to special clinical areas such as Operating Theatres, ICU etc?

Yes No

Remarks: _____

Has the AVSU panel been provided with emergency access?

Yes No

Remarks: _____

Has building occupancy certificate been provided by Local Authority?

Yes No

Remarks: _____

Has the Electrical rooms (not LV switch rooms, but floor, just local floor rooms) been provided with an extinguishing system?

Yes No

Remarks: _____

Has the Server room been provided with an extinguishing system?

Yes No

Remarks: _____

Has the oil type generator been provided with an extinguishing system?

Yes No

Remarks: _____

Have the transformers been provided with an extinguishing system?

Yes No

Remarks: _____

Have the Main Electrical Rooms (LV) been provided with an extinguishing system?

Yes No

Remarks: _____

Have extinguishing systems been provided in the special clinical areas such as Operating Theatres, Endoscopy procedure rooms etc?

Yes No

Remarks: _____

Have extinguishing systems been provided inside the imaging rooms?

Yes No

Remarks: _____

Has the system been installed as per the Municipality requirements?

Yes No

Remarks: _____

Has a gas solenoid valve been provided after the LPG or NG gas meter?

Yes No

Remarks: _____

Is the LPG, NG or Diesel fuel connection -points locked and can only accessed via key access?

Yes No

Remarks: _____

Is the LPG, NG or Diesel fuel connection points located on the ground floor?

Yes No

Remarks: _____

What material has the LPG pipe been installed in?

Remarks: _____

What material has the NG pipe been installed in?

Remarks: _____

What material has the diesel pipe been installed in?

Remarks: _____

Are the fuel pipe systems installed in welded pipe?

Yes No

Remarks: _____

Does the installed gas pipe run through the basement areas of the facility?

Yes No

Remarks: _____

If the installed pipe runs in the basement, is the pipe installed in a pipe-in-pipe system?

Yes No

Remarks: _____

Has the fuel system been designed as per the Municipality requirements?

Yes No

Remarks: _____