

MEDICAL COUNCIL OF MALAWI

INSPECTION OF PRIVATE PRACTICE PREMISES OF MEDICAL PRACTITIONERS

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| NAME OF THE CLINIC | | |
| Registered Owner of the Practice | | |
| | | |
| | | MCM/ |
| LOCATION | | |
| | | |
| Physical Address of facility | | |
| Postal Address | | |
| PHONE NUMBER | | |
| EMAIL | | |
| | | |
| BUILDING Nature of surrounding Premises (Permanent structure) | ROOF: Minimum corrugated iron sheets but not leaking | |
| | FLOORS :Minimum cemented, smooth and non-slippery | |
| | WALLS: Inside; plastered and painted (wash & wear paints) | |
| | state whether quiet, noisy, private and none congested entrance | |
| Facility should contain the following minimum number of (a) Rooms, (b) equipment and (c) furniture | | |
| | WAITING ROOM/RECEPTION | |
| | Table for Registration | |
| | Seats | |
| | Weighing scales (adult and Paeds) | |
| | Out Patient Register | |
| | Health Passport Books | |
| | Receipt book for fees charged | |
| | Hand washing facility with soap | |
| | CONSULTING ROOM | |
| | Reporting forms | |
| | Full diagnostic set | |
| | A copy of treatment Guidelines (Latest version) | |
| | A copy of all necessary guidelines e.g. IPC & IEC | |
| 2 boxes of Gloves (latex examination and surgical) | | |
| 1 Blood Pressure Machine | | |

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| | Weighing scale | |
| | A box of disposable spatula or 25 metal spatula | |
| | 2 Thermometers | |
| | Examination couch (curtain around couch, 1 metre high) | |
| | Angle Poised Lamp | |
| | Stethoscope | |
| | Torch/source of light for throat examination | |
| | Ambu Bags (Adult and Paeds) | |
| | Patella hammer | |
| | Protoscope | |
| | Snellens Chart | |
| | Fetal scope | |
| | Receipts for drugs purchased (not in a new facility) | |
| | Records of drugs dispensed (not in a new facility) | |
| | Sharps container | |
| | One biomedical and one non-biomedical waste bins (labeled) | |
| | Three buckets for disinfection (labeled) | |
| | Handwashing facility with soap | |
| | Emergency Tray | |
| | | |
| | EXAMINATION ROOM [Exams room alone (4x3m) if combined (6x3m)] with consultation room | |
| | 2 boxes of Gloves (latex examination and surgical) | |
| | Examination couch (Curtain around couch,1 metre high) | |
| | Sharps container | |
| | one biomedical and one non-biomedical waste bins (labeled) | |
| | Three buckets for disinfection (labeled) | |
| | Handwashing facility with soap | |
| | Examination light | |
| | 2 Speculums | |
| | 3 Retractors | |
| | TREATMENT ROOM | |
| | Examination couch (curtain around couch1 metre high) | |
| | sterile syringes tray | |
| | Sharps container | |
| | one biomedical and one non-biomedical waste bins (labeled) | |
| | Three buckets for disinfection (labeled) | |
| | Handwashing facility with soap | |

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| | At least a box of 100 plastic syringes as follows: 2ml syringes 5ml syringes 10ml syringes | |
| | Refrigerator for the storage of drugs requiring refrigeration | |
| | Suction Machine | |
| | Oxygen Concentrator | |
| | Nebuliser | |
| | 2 Observation beds | |
| | Double hook intravenous stand | |
| | DRESSING ROOM | |
| | 2 Cheatle forceps and holder | |
| | 5 Kidney dishes | |
| | sterilizer (Fish kettle type if in area areas where there is no electricity) | |
| | stove/hotplate (in areas without electricity) | |
| | 5 needle holders | |
| | 2 pairs of dressing scissors | |
| | 5 dissecting forceps | |
| | tissue holding forceps (5 toothed & 5 non-toothed) | |
| | 5 artery forceps | |
| | 5 Scalpel blade holders | |
| | Instrument storage drum | |
| | Handwashing facility with soap | |
| | Sharps container | |
| | one biomedical and one non-biomedical waste bins (labeled) | |
| | 3 buckets of disinfection labeled | |
| | Handwashing facility with soap | |
| | | |
| | A box of examination gloves and sterile surgical gloves | |
| | PPEs: Boots, heavy duty gloves, masks and Heavy duty Apron | |
| | Chlorine/Jik and soap | |
| | | |
| | TOILET FACILITIES | |
| | Pit latrines/ water closet (male and female) | |
| | Bucket with tap near toilet | |
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| | VENTILATION | |
| | Windows for ventilation in each room | |

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| | LIGHTING (ESCOM, natural or Solar) | |
| | Second door as emergency exit | |
| | Bucket of sand | |
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| | Drainage System | |
| Sewer System | | |
| | | |
| Waste Management | | |
| Rubbish disposal pit | | |
| Ordinary Incinerator type or 200L Metal drum with holes around it. | | |
| MOU with DHO on incineration | | |

OVERALL COMMENTS: _____

INSPECTIONS OFFICER 1: _____

SIGNATURE: _____

INSPECTIONS OFFICER 2: _____

SIGNATURE: _____

SIGNATURE: _____

DATE OF INSPECTION: _____