

Hospital Building and Environment

Checklist Category

House Keeping

Checklist Name	Answer Type
Are the premises and rooms clean and free of litter?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Are drainages verified?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Is the cleanliness of toilets maintained?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Are refrigerators cleaned regularly?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Are Central Sterilization Services available?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA

Checklist Category
Interior Check

Checklist Name	Answer
Is proper ventilation and air quality verified throughout the facility?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Are floors, walls, and ceilings checked for damage, cleanliness, and signs of mold or water damage?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Is cleanliness and sanitation inspected in all areas?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Is adequate lighting, signage, and accessibility inspected for parking areas?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Is the water quality verified?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA

Checklist Category
Patient Areas

Checklist Name	Answer Type
Is cleanliness, functionality, and comfort inspected in patient rooms?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Is cleanliness, proper functioning of beds, and condition of bedding checked?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Is cleanliness, functionality, and accessibility ensured in the restroom?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA

Is the operation of nurse call systems verified?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA
Is there an IV room in the hospital?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No NA