

**HOSPITAL INFORMATION**

1. Name of the Hospital: Suilee Hospital

2. Total number of OPD, IPD in the Institution and concerned department during the last one year:

In the entire hospital		In the department of concerned Fellowship subject	
OPD	5000	OPD	200/year
IPD (Total No. of Patients admitted)	Average 100/month	IPD (Total No. of Patients admitted)	-

3. Hospital Beds Distribution & No of O.T.:

In the entire hospital	
No of Beds	25
No of Beds in ICU	6
No of Beds in IRCU	-
No of Beds in SICU	-
No of Major O.T.	1
No of Minor O.T.	1

4. Available Clinical Material: (Give the data only for the department of concerned Fellowship subject)

- No. of available for clinical service on inspection day:

	On Inspection day	Average of random 3 days
• Daily OPD – 2 PM	.....	.....
• Daily admissions	.....	.....
• Daily admissions in Dept.	.....	.....
• Through casualty at 10am	.....	.....
• Bed occupancy in the Dept.	.....	.....
• Number of patients in ward (IPD)at 10AM	.....	.....
• Percentage bed occupancy at 10Am	.....	.....

- Clinical Procedure(s) & Operative Details related to Fellowship subject/Specialty :

(For further details in this concern, kindly peruse the Guidelines information sheet supplied herewith)

	On Inspection day	Average of random 3 days
•	.....	.....
•	.....	.....
•	.....	.....
•	.....	.....
•	.....	.....

**5. Casualty:/ Emergency Department :**

Space	6500 sq. ft.
Number of Beds	25
No. of cases (Average daily OPD and Admissions):	50-60
Emergency Lab in Casualty (round the clock):	available / <del>not available</del>
Emergency OT and Dressing Room	Yes
Staff (Medical/Paramedical)	Yes
Equipment available	Yes

**6. Blood Bank :**

(i)	Valid FDA License(copy of certificate be annexed)	Yes / No	
(ii)	Blood component facility available	Yes / No	
(iii)	All Blood Units tested for Hepatitis C,B, HIV	Yes / No	
(iv)	Nature of Blood Storage facilities (as per specifications)	Yes / No	
(v)	Number of Blood Units available on inspection day		
(vi)	Average blood units consumed daily and on inspection day in the entire Hospital ( give distribution in various specialties)	Average daily	On Inspection day

out source

**7. Central Laboratory:**

- Controlling Department: Yes
- No of Staff : 3
- Equipment Available : Attach separate List Yes
- Working Hours: \_\_\_\_\_

**8. Central supply of Oxygen / Suction:**

Available / ~~Not available~~

**9. Central Sterilization Department**

Available / ~~Not available~~

**10. Ambulance (Functional)**

Available / ~~Not available~~

**11. Laundry:**

Manual/Mechanical/Outsourced: ✓

**12. Kitchen**

Available / Outsourced/ Not Available ✓

**13. Incinerator: Functional / Non functional**

Capacity..... /Outsourced ✓

**14. Bio-Medical waste disposal**

Outsourced / any other method ✓

**15. Generator facility**

Available / Not available ✓

**16. Medical Record Section:**

- ICD X classification

Computerized / Non computerized ✓

Used / Not used ✓

Sign & Stamp  
Head of the Department  
Date: Date:

Sign & Stamp  
Dean/ Principal/ Director of Training Centre

Training Centre Round Seal

