RAPID SAFETY AUDIT OF HOSPITALS DISASTER PREPAREDNESS CHECKLIST

Na	Name of Hospital, Taluk and District:						
Distance to nearby fire station: Distance to nearby hospital:							
	FIRE SAFETY						
1	Does the hospitals have a dedicated department for a Remarks:	nanaging fire and safety?	Yes	No			
2	Is an Environment, Health & Safety (EHS) officer a Remarks: Name & Contact details:	Yes	No				
3	Is Fire Emergency Plan (Code Red) available and communicated? Yes No			No			
4	4 Has the Rapid Response Team (RRT) been formed? Yes 4 Remarks:						
5	Have the RRT been regularly trained? Remarks: Check training records		Yes	No			
6	Is the nodal officer for handling emergencies availab Remarks: Designations in each shift:	ble 24 hours?	Yes	No			
7	Is Fire sprinkler system available in all areas and is i (internally/externally) periodically? Remarks: Date of last inspection:	inspected	Yes	No			
8	Are manual call points (MCP) available in all floors Remarks:	and operational?	Yes	No			
9	Are adequate number and types of fire extinguishers Remarks:	available in all floors?	Yes	No			

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10	Is adequate firefighting system available- hydrant valves, hoses, monitors, etc.?	Yes	No			
10	Remarks:					
	Are periodical fire trainings (fire drills) and mock drills conducted?	Yes	No			
11	Remarks: Last date of mock drill:		I			
12	Is fire NOC available?	Yes	No			
	Remarks: Date of expiry:					
13	Is adequate pressure maintained in fire hydrant and sprinkler pipelines (min of 5 Bar)?	Yes	No			
	Remarks:					
14	Is adequate water level maintained in fire water reservoir? Mention level	Yes	No			
14	Remarks: Level:					
15	Are inspections tag/stickers available for fire extinguishers (mention frequency of inspection)?	Yes	No			
15	Remarks:					
16	Is adequate training given on usage of fire extinguishers to all staffs?	Yes	No			
16	Remarks: Check training records					
17	Availability of Automatic fire detection system (smoke detectors) and alarm system (MCP's, Annunciator panel, siren), and is in working condition?	Yes	No			
17	Remarks:					
10	Is accessibility of all firefighting equipment (fire extinguisher, hydrant valves, hose reels, etc.) ensured?	Yes	No			
18	Remarks:					
10	Are all combustible materials segregated and stored away from ignition sources?	Yes	No			
19	Remarks:		1			
•	Does the basement have automatic sprinkler systems?	Yes	No			
20	Remarks:		1			
	Kemarks:					

21	Are the basements free from combustible materials (check for any unauthorized storages, position of DG, etc.)?	Yes	No
	Remarks:		
22	Are the Emergency Exits and Evacuation route accessible?	Yes	No
	Remarks:		
23	Are access roads available throughout the hospital building to facilitate the fire tender?	Yes	No
	Remarks: Width of road:	Γ	Γ
24	Is the width of the main entrance gate not less than 4.5m? (min 4.5m)	Yes	No
	Remarks: Mention width:	Γ	Γ
25	Are emergency evacuation route plans displayed prominently?	Yes	No
23	Remarks:		
26	Are every exits and access to every exits free from all obstructions?	Yes	No
20	Remarks:		
27	Are the emergency exit signs clearly visible (preferably illuminated) in each floors ?	Yes	No
21	Remarks:		
	Does the staircase have a width of at least 2m?	Yes	No
28	Remarks:		
•	Is width of the corridor and passage greater than or equal to 2.4m?	Yes	No
29	Remarks:		
	MULTI-HAZARD PREPARDNESS		
30	Is the building located in Flood Prone area ?	Yes	No
50	Remarks:		

	Is High Flood Level (HFL) marked and visible ?	Yes	No			
31	Remarks:					
	Is the building located in a Hilly Terrain ?	Yes	No			
32	Remarks:	I	I			
	Do you have designated Assembly points marked?		No			
33	Remarks:					
34	Are Critical facilities (OT, ICU, etc.), chemical storage and Essential Supplies being stored on an elevated platform or above the HFL ?	Yes	No			
51	Remarks:					
25	How many individual buildings are there in the hospital campus					
33	35 How many of these buildings have fitnees certificate					
36	Is procedure for movement of patients from critical facilities, in case of an emergency (fire, flood, landslide, oxygen leak/shortage) available ?	Yes	No			
50	Remarks:					
	UTILITIES- ELECTRICITY	Γ	Γ			
36	Is Diesel Generator (DG) facility available?		No			
50	Remarks: No of DG's present:	Γ	Γ			
27	Capacity of each generator: 1 2	3	4			
37	Remarks:					
38	Is local diesel storage tank (for Diesal Generator) properly protected, and appropriate fire extinguisher provided?	Yes	No			
	Remarks:					
20	Are all generators kept above HFL (High Flood Level)?		No			
39	Remarks:					
	Does the fuel storage facility for generators ensure a back-up for 3 days?	Yes	No			
40 Remarks: Capacity of the storage tank:						

	Do the ICUs and OTs have inverter back-up?		Yes	No	
41	Remarks:				
42	Are statutory electrical inspection certificates available (Earth certificates, power quality etc.)?		Yes	No	
	Remarks:				
43	Ensure all electrical equipment are capable for continuous duty (Continuous duty, Short time duty and Intermittent duty)?		Yes	No	
15	Remarks:				
	Has an energy audit been conducted?		Yes	No	
44	Remarks:		I		
	UTILITIES	S- WATER			
	Source of water supply. Internal: External:				
45	Remarks:				
	Is alternate water supply available?		Yes	No	
46	Remarks: Source:				
	Water reserves for hospital services and functions (minimum 3 days)		Yes	No	
47	Remarks: If not, how many days?				
	Is adequately safe and potable water available in times of emergency?		Yes	No	
48	48 Remarks: Source:				
	UTILITIES- OXYGEN				
49	Is the location of storage area for medical gases adequately ventilated?		Yes	No	
	Remarks:				
50		Bulk storage:	Bottled oxygen:		
Remarks:					

- 1	Are trolleys available for movement of oxygen cylin	iders?		Yes	No	
51	Remarks:					
	Are caps available for oxygen cylinders in storage a	reas?		Yes	No	
52	Remarks:					
	Is the staff adequately trained in handling of oxygen	cylinders?		Yes	No	
53	Remarks:				<u> </u>	
	Are all oxygen cylinders stored upright?			Yes	No	
54	Remarks:					
	For how many hours will the oxygen reserve last?	24 hours	48 hours	72 hours	72 and more	
55	Remarks:	I				
56	Does the oxygen plant have a competent operator who can handle emergencies such as leakage?		Yes	No		
50	Remarks:				1	
	Is automatic gas monitoring system available?			Yes	No	
57	Remarks:					
58	Any open ignition sources (e.g.: kitchen) and inflam diesel for DG) nearby the oxygen storage area?	mable material s	torage (e.g.	Yes	No	
50	Remarks:					
59	Are identification valves for different gases available pipelines been followed and displayed?	e and colour cod	ing of	Yes	No	
.,	Remarks:				1	
	Has leakage audit been conducted for gas pipelines?			Yes	No	
60	Remarks:					

	Has newly laid oxygen pipelines undergone inspection?	Yes	No			
51	Remarks: Certificate:					
	Is a bio-medical engineer available at the hospital?	Yes	No			
52	Remarks:		1			
	COMMUNICATION SYSTEMS					
()	Is a Public Addressing System (PAS) available?	Yes	No			
53	Remarks:					
	Does the PAS have a power back-up?	Yes	No			
54	Remarks:					
55	Are all employees aware of the in-house emergency contact number of the nodal officer?	Yes	No			
))	Remarks:					
	Are all external emergency contact numbers displayed prominently?	Yes	No			
56	Remarks:		1			
67	Is an alternative mode of communication available in case of the failure of existing communication system?	Yes	No			
	Remarks:					
58	Are the solid waste management systems operational as per the waster management protocols for hospitals	Yes	No			
	Remarks:					
59	Are the elevators of the hospital checked by the service technician in the last 6 months and safety batteries with full charge?	Yes	No			
-	Remarks:					
70	Is the swerage systems of the hospital working and checked in the last 6 months by a plumber	Yes	No			
10	Remarks:					

	BREVIATIONS		
HFL		High Flood Level	
ОТ		Operation Theatre	
ICU		Intensive Care Unit	
RRT			
МСР		Manual Call Point	
NOC	-	No Objection Certificate	
DG		Diesel Generator	
PAS	I	Public Addressing system	
EHS		vironment, Health & Safe	
Overall Remarks by the auditing team / Include any critical			-)
Any other recommendations (if any)			
	iditing Team		
	ıditing Team		
Au Name of Auditor	iditing Team Department	Contact Number	Signature
		Contact Number	Signature

Date of the Audit	
Audit Report Submitted on:	