

ANNEXURE – 8.16

PROFORMA FOR INSPECTION REPORT OF DISPENSARIES

ESI DISPENSARY-----

Inspection Date----- Time-----

Date of Last Inspection-----

Working Hours-----

1. Name of the IMO Incharge-----
2. Tel No. Residence-----
3. Tel. No. Dispensary-----
4. Total Number of IP family units attached:-

5. STAFF POSITIONS:

Sr. No.	Name of the Post	Admissible as per ESI norms	Sanctioned by the State Govt.	In position	Surplus of shortage (+) or (-)

- i. Is there any division of amongst IMOs?
(are cards/wok allotted separately).
- ii. Work done by Health Visitor.
- iii. Work done by Staff Nurse/ANM.
- iv. Do ANM/Midwives conduct Domiciliary confinements? If yes, give statistics for last 3 months.
- v. a) Work load of Lab-Technician for last three months.

Months

(1)

(2)

(3)

Blood

Urine

Stool

Others

b) Type of investigation conducted.

vi. Whether those provided with uniform were found wearing or not.

vii Staff punctuality.

6. **BUILDING** ESIC own/rented at Rs
- I Is accommodation sufficient?
 - li Maintenance of building with special reference to any repairs needed (in case of ESIC owned building).
 - iii Level of cleanliness
 - iv Timing of Dispensary displayed on sign board Yes/No
 - v Is it easily approachable Yes/No
 - vi Availability of waiting space Enough/Not Enough
 - vii Fire fighting arrangement available Yes/No
7. **FURNITURE:-** For staff and for beneficiaries
- a. For staff Enough/Sufficient/Not sufficient
 - b. For Beneficiaries Enough/Sufficient/Not sufficient
 - c. Whether any furniture required to be replaced
8. **EQUIPMENT**
- a. Equipments for examination of cases(like examination table. B.P. Apparatus, Weighing Machine etc) Available/ Not Available
Any other important equipment not in stock
9. **DRESSING ROOM**
- i. General Maintenance
 - ii Equipment
 - iii Autoclave in working order Yes/No
 - iv Whether trained dresser service available Yes/No
10. **DISPENSING ROOM**
- i. General maintenance
 - ii Equipment required

11. INJECTION ROOM

- | | | |
|-------|---|--------------------------|
| i. | Facilities for sterilization/ Autoclaving | |
| ii | Supply of syringes and needles Enough/ Sufficient/ Not sufficient | |
| iii | Injection given by | |
| iv | No. of injections month wise for Last three months | |
| v | Emergency kit & drugs available | Yes/No |
| | a. Oxygen cylinder with oxygen available | Yes/No |
| vi | b. Spare oxygen cylinder | Available/ Not available |
| vii. | I.V. Drip stand / set/I.V. Fluids | Available/ Not available |
| viii. | Refrigerator | Working/Not Working |

12. CARD SECTION

- | | | |
|-----|---|--------|
| i. | Registration counter separate for | |
| | a. Male/Female | |
| | b. IPs/Families | |
| li | Are cards arranged Insurance No. wise? | Yes/No |
| lii | Are 'entitled' & 'debarred' MREs kept separately? | Yes/No |
| lv | Have debarred MREs more that 6 months old been sent to AMO? | Yes/No |
| V | Availability of MRE Cabinet? | Yes/No |

13. EXIT ACTION

- | | | |
|-----|--|-------------------------------|
| i. | Maintenance of running register
(Register of IPs attached) | Maintained/
Not Maintained |
| ii | Maintenance of 'Turn-over' Register
(showing total number entitled family units on first of each month) | Maintained/
Not Maintained |
| | a. Are separate files of exit and re-entitled lists maintained? | Yes/No |
| iii | b. Date of receipt of exit list in the current benefit period | Yes/No |
| | c. Date of action taken at dispensary level | Yes/No |
| iv | Test check of exit list received from | |

RO (to see if debarred MREs have been removed from entitled MREs)

- v Has information about any MREs shown in the exit list but not attached to dispensary been given to RO/LO?
 - vi Is entitlement checked in cases of family members ?
 - vii Deletion of children who have attained majority from family identity cards
 - viii Date of submission of ESIC-37 & ESIC-166 Forms to RO regularly
 - ix Date of receipt of confirmation from RO
 - x Has there been any infructuous expenditure ? Give details.

12. STATISTICS

- i. Are ESIC-5 and 5-A up to date ? Yes/No
- ii. Are ESIC-6 and 6-A sent regularly ? Yes/No
- iii. Attendance (last three months) Total average per day Name of the month

		(1)	(2)	(3)
IPs	New/Old			
Families	New/Old			

- iv Average total attendance per day
- v. Are any charts or registers maintained to show average daily attendance and issue of certificates month-wise ? Yes/No
- vi. a. Health and Family Welfare activity statistics.
 b. Display of posters on preventive and promotion of Health Displayed/Not Displayed.

13. MEDICAL CERTIFICATION

- i. Are you new and old books kept in safe custody ? Yes/No
- ii. Is stock book of certificates book Maintained properly ? Yes/No
- iii. Result of physical verification of balance (Sample Checking) Tallied/Shortage.../Excess...
- iv. Checking of books in use. Any ante-dating or post dating or Any other irregularity.
- v. Total No. of certificates issued: IMO wise Name of the month First

First & Final
 Final
 Inter
 Spl. Inter
 Total
 Total Days certified.

- vi Daily average
- vii Total No. of certificates issued per 100 IPs. attached (new and old)
- viii Is average higher or lower than Regional average?
- ix Have old certificate books been destroyed?
- x Reasons for high incidence of certification.

14. DOMICILIARY VISITS

- i. Average No. of patients visit per IMO
- li Is register maintained? Yes/No
- lii Are visits entered in MREs? Yes/No

15. HOSPITALISATION ARRANGEMENTS

- a. Any difficulty experienced by IMOs or patients
- b. Maintenance of referral register Maintained/Not maintained
- c. Average daily referrals

16. ARRANGEMENTS FOR

- a. Specialist Consultation
- b. Radio images and Lab Services (any difficulty experienced by IMOs or patients)
- c. Maintenance of referral register Maintained/Not maintained

17. FAMILY WELFARE

What are the arrangements for family welfare facilities available in the dispensary?

18. AMBULANCE FACILITIES

- Is it prompt and satisfactory Yes/No

19. MEDICAL STORES

- | | | |
|-----|--|--------|
| i. | Physical verification of some items | |
| li | Are stock books maintained property | Yes/No |
| lii | Is stock of medicines satisfactory? (General and Specialist medicines) | |
| iv | Expiry date of drugs register Maintained/Not maintained | Yes/No |
| v | Delegation of financial power to Insurance Medical Officer Incharge | |
| vi | Pendency position of re-imburement bills | |

20. Interview with beneficiaries present, their grievances, views and suggestions for improvement in the service.**21. Provision of facilities like:**

- i. Urinal/lavatory (Patient & staff)
- ii. Drinking water
- iii. Fan/Cooler
- iv. Electricity
- v. Water Supply
- vi. Spittoons and dust bins
- vii. Cycle/Scooter stand.

22. Complaints

- | | | |
|------|---|-------------------------------|
| i. | Name of Complaint Officer/
Telephone No. displayed. | Yes/No |
| ii. | Complaint Box | Installed/Not installed |
| iii. | Maintenance of register regarding
opening of complaint box | |
| iv. | No. of complaints disposed of/pending | Maintained/
Not maintained |

23. General remarks

Signature of Inquiry officer
Dispensary-----

