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:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the Post</th>
<th>Admissible as per ESI norms</th>
<th>Sanctioned by the State Govt.</th>
<th>In position</th>
<th>Surplus of shortage (+) or (-)</th>
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</table>

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**

I. Is accommodation sufficient?

ii. 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
      a. Oxygen cylinder with oxygen available
      b. Spare oxygen cylinder
   vi. I.V. Drip stand / set/I.V. Fluids
   vii. Refrigerator
   viii. No. of injections month wise for Last three months

12. CARD SECTION
   i. Registration counter separate for
      a. Male/Female
      b. IPs/Families
   ii. Are cards arranged Insurance No. wise? Yes/No
   iii. Are ‘entitled’ & ‘debarred’ MREs kept separately? Yes/No
   iv. 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)
      a. Are separate files of exit and re-entitled lists maintained? Yes/No
      b. Date of receipt of exit list in the current benefit period Yes/No
      c. Date of action taken at dispensary level Yes/No
   iii. 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

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<th>(3)</th>
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<tbody>
<tr>
<td>IPs</td>
<td></td>
<td></td>
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<tr>
<td>Families</td>
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</tbody>
</table>

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


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
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
   Average No. of patients visit per IMO
   i.

   ii Is register maintained? Yes/No

   iii 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
   Radio images and Lab Services (any difficulty
   b. 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  

ii. Are stock books maintained property  

Yes/No  

iii. 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-imbursement 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  


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-------------------