

Checklist for CHC/PHC INSPECTION

1. **CHC/PHC Name -----**
2. **Medical officer Incharge name with mobile number**
.....
3. **Total IPD this month -----**
Today IPD-----
4. **Total OPD this month -----**
Today OPD -----
5. **Type of Investigation work done is lab under**
MNJY Out of ----- (PHC)
Out of ----- (PHC)-----

6. **Type of Investigation work done under MNJY list with reason**
 - i. -----

 - ii. -----

 - iii. -----

7. **Cleanliness**
8. **Doctors & Staff Duty chart available at entrance of Hospital**
9. **Total Chiranjivi Case register (only for CHC)**
This month% Total IPD
Today% Total IPD
10. **MNDY :-**

- (i). How may DDC functional**
- (ii). How many DDC Sanctioned**
- (iii). Operator available / not available**
- (iv). No of drugs available of sub store
Drugs () Surplus () Surgical ()**
- (v). No of days available at DDC Out of
.....**
- (vi). Total OPD till date
Total voucher entry at e-ausadhi**
- (vii). Difference between actual available drugs and any
available at DDH to eaushadhi

Any two

a.at DDC physical
b.at eaushadhi**
- (viii). Daily voucher entry under e-aushadhi software**