



GOVERNMENT OF KERALA

Abstract

Disaster Management Department – Hospital Safety - Conduct of Rapid Safety Audit in COVID Hospitals across the State – Orders Issued

DISASTER MANAGEMENT (A) DEPARTMENT

G.O.(Rt)No.414/2021/DMD Dated, Thiruvananthapuram, 13/05/2021

ORDER

Considering the huge demand of hospital resources in the wake of a surge in COVID 19 cases, safety within the hospital premises needs greater emphasis. In the background of fire and oxygen leak in some COVID Hospitals in different states, with increasing footfall, it is critical that COVID Hospitals do not overlook safety aspects with respect to natural or anthropogenic hazards. A Rapid Safety Audit (RSA) appears necessary in all the COVID Hospitals (Government and Private) in the State to ascertain gaps, if any, so that the respective institutions can further take necessary steps to better hospital safety and meet safety standards.

Therefore, in exercise of the powers conferred under section 20 read with sections 24 and 65 of the Disaster Management Act, 2005, the undersigned, in the capacity as the Chairman, State Executive Committee of the Kerala State Disaster Management Authority, hereby issue the following orders with immediate effect:

- A rapid safety audit of COVID Hospitals (Private and Government, including Co-operative and ESI COVID Hospitals)) across the State shall be conducted to identify gaps, if any, in hospital safety. The respective institutions, shall thereafter, take necessary steps to bridge the gaps to better hospital safety and meet safety standards.
- The Rapid Safety Audit shall be conducted based on the formats developed by the Kerala State Disaster Management Authority (KSDMA) for the purpose [Guidance Note, Rapid Safety Audit Formats (part I and part II)] appended to this order.
- 3. Audits Teams shall be constituted by the respective District Disaster Management Authorities (DDMAs) in the following manner so as to complete the rapid safety audit of all COVID Hospitals in the district in a week's time:
- i. One representative from Revenue/Disaster Management Department (Team Leader),
- ii. One representative from Fire and Rescue Department,

- iii. One representative from Health Department,
- iv. One representative from LSGD (Engineering Wing) / PWD,
- v. A competent official from the Electrical Inspectorate in the district
- vi. One representative of the hospital audited (person responsible for maintenance / management)*

*The Medical Superintendents of the respective Private COVID Hospitals (including Co-operative Hospitals) shall render necessary assistance for the rapid safety audit

4. The checklist has broadly two sections,

a)Basic information related to the hospital (truthful and 'as is') which can be filled by the staff of the hospital prior to the audit b)Safety Information which have to be filled by the audit team themselves after physical verification

- 5. The Audit Teams shall submit duly filled check lists to the Chairperson DDMA within 2 days of audit, highlighting the immediate steps and suggested medium /long term steps to be undertaken to prevent a hazardous situation within the COVID hospital, with a copy to the respective DMO (Health).
- 6. Based on the findings of the rapid safety audit and associated inputs, the Department of Health and Family Welfare in the case of Government COVID Hospitals of the State, ESI in the case of ESI Hospitals and the respective managements in the case of Co-operative and Private Hospitals shall take steps (immediate, medium term and long term) to bridge the gaps so that hospital safety is improved to meet safety standards within a reasonable time limit.
- The Rapid Safety Audit exercise is exempted from lockdown restrictions. COVID19 Protocol should be followed during the audit exercise. Patient care shall not be hindered during the audit process.
- Though self-explanatory, the KSDMA may arrange online trainings based on need for the Audit Teams and Hospital Managers regarding the conduct of the above Rapid Safety Audit.
- 9. The above RSA pertains to COVID Hospital settings. In the case of adhoc COVID Second Line Treatment Centers (CSLTCs) and some COVID First Line Treatment Centers (CFLTCs), especially where Oxygen beds are being arranged, the DDMAs shall locally assess the adhoc arrangements and ensure patient safety in such centers. Taking basic fire & electrical safety precautions and ensuring adequate ventilation and air exchanges are of primary importance, inter alia.

(By order of the Governor)

DR. V P JOY

CHIEF SECRETARY

To:

Land Revenue Commissioner Commissioner, Disaster Manangement All District Collectors Health Department Home department

LSG department

Public Works department

Power department

The Director, Information & Public Relations Department (Web & New Media) Copy to

Special Secretary to Chief Secretary

PA to Additional Chief Secretary, Disaster Management

Forwarded /By order

Section Officer

Annexure

Guidance Note

To The Checklist For

Rapid Safety Audit Of Covid-19-Specific Facilities In Hospitals

Aim:

The checklist aims to assess the safety of COVID-19-specific facilities in COVID-19 hospit als of the State.

Objectives:

- To take stock of the present conditions in the COVID-19-specific facilities of COVI D-19 hospitals.
- To identify gaps in the existing infrastructure and thereby facilitate decision making f or augmenting the safety in hospitals.

Scope and Limitations:

1. The checklist is intended for buildings and utilities involved in COVID-19 care only

and not the entire hospital complex.

- The checklist lays its focus on assessing the safety from the perspective of following hazards only:
 - a. Fire
 - b. Oxygen leakage and associated eventualities
 - c. Electrical malfunctioning and associated eventualities
 - d. Floods
 - e. Landslides

Description of the checklist:

The checklist consists of two parts, namely,

Part I. General Information of the Hospital

Part II. Safety Checklist

Part I consists of 41 questions about the location, contact details, rapid response team, staff details, COVID-19-specific facilities and their capacities etc. whereas Part II consists of 68 questions under the following sections:

- a. Fire safety
- b. Multi-hazard preparedness
- c. Utilities- Electricity
- d. Utilities- Water
- e. Utilities- Oxygen
- f. Communication facilities

Instructions to use the checklist:

- 1. The intention of this safety audit needs to be clearly communicated to the hospitals as well as to the auditors. The audit is being carried out in the context of multiple incide nts of fire and oxygen leakage and subsequent loss of lives reported from COVID hos pitals in different parts of India. The checklist intends not to criticise or find faults but to recognize areas of improvement so as to strengthen the state's efforts in improving hospital safety and containment of COVID-19 by preparing for any eventuality.
- Part I of the checklist may be filled by a representative of the hospital prior to the ph ysical audit. This form may be administered via google forms prior to the Part II audit t because the data from Part I are beneficial for the easy conduct of Part II audit.
- Part II of the checklist is to be filled by a team of external auditors, preferably, compr ising of the following officials:

- Representative from Revenue Disaster Management Dept.
- Representative from LSG Engineering/ PWD
- c. Representative from Fire and Rescue Services
- d. Representative from Health Department
- e. A competent official of the Electrical Inspectorate in the District
- f. Representative of the concerned hospital (preferably Maintenance Officer) The form is to be filled after a rapid yet careful inspection at the hospital. As deemed necessary, data may be collected through
- interviews with medical, para-medical and non-medical
- staff, checking of hospital records, and on-site inspection of
- various facilities.
 - All the questions in the checklist are objective. Wherever applicable, tick mark (✓)
 is to be used for answers. Space has also been provided for adding remarks, if any.
 - 5. It is mandatory for the auditing team to take due precautions during the inspection an d follow COVID-19 protocols of the hospital without fail. The hospital management is expected to facilitate the smooth conduct of the audit. The audit exercise shall not hinder patient care at any time.

RAPID SAFETY AUDIT OF COVID-19 SPECIFIC FACILITIES IN HOSPITALS PART II SAFETY CHECKLIST Hospital Name and District: Distance to nearby fire station: Distance to nearby hospital: FIRE SAFETY Does the hospital have a dedicated department for managing fire and safety? Yes No 1 Remarks Is an Environment, Health & Safety (EHS) officer available at the hospital? Yes No 2 Remarks Name & Contact details: Is Fire Emergency Plan (Code Red) available and communicated? Yes No 3 Remarks Has the Rapid Response Team (RRT) been formed? Yes No Remarks Have the RRT been regularly trained? Yes No 5 Remarks Check training records Yes Is the nodal officer for handling emergencies available 24 hours? No 6 Designations in each shift: Is Fire sprinkler system available in all areas and is inspected (internally/externally) periodically? Yes No 7 Remarks Date of last inspection: Are manual call points (MCP) available in all floors and operational? Yes No 8 Remarks Are adequate number and types of fire extinguishers available in all floors? Yes No Remarks Yes No Is adequate firefighting system available- hydrant valves, hoses, monitors, etc.? 10 Remarks Are periodical fire trainings (fire drills) and mock drills conducted? Yes No 11 Remarks Last date of mock drill Is fire NOC available? Yes No 12 Remarks: Date of expiry: Is adequate pressure maintained in fire hydrant and sprinkler pipelines (min of 5 Bar)? Yes No 13 Remarks Is adequate water level maintained in fire water reservoir? Mention level Yes No 14 Remarks Level: Are inspections tag/stickers available for fire extinguishers (mention frequency of inspection)? Yes No 15 Remarks

10	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:		
18	Is accessibility of all firefighting equipment (fire extinguisher, hydrant valves, hose reels, etc.) ensured?	Yes	No
10	Remarks:		
19	Are all combustible materials segregated and stored away from ignition sources?	Yes	No
	Remarks:		
20	Does the basement have automatic sprinkler systems?	Yes	No
	Remarks:		
21	Are the basements free from combustible materials (check for any unauthorized storages, position of DG, etc.)?	Yes	No
	Remarks:		
	Are the Emergency Exits and Evacuation route accessible?	Yes	No
22	Remarks:		
23	Are access roads available throughout the hospital building to facilitate the fire tender?	Yes	No
	Remarks: Width of road:		
24	Is the width of the main entrance gate not less than 4.5m? (min 4.5m)	Yes	No
	Remarks: Mention width:		
25	Are emergency evacuation route plans displayed prominently?	Yes	No
23	Remarks:		
26	Is every exit and access to every exit 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:		
20	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	(C)	ψ.
30	Is the building located in Flood Prone area ?	Yes	No
30	Remarks:		

	Is High Flood Level (HFL) marked and visible ?			Yes	No
31	Remarks:		1		
	Is the building located in a Hilly Terrain ?			Yes	No
32	Remarks:			1.2	
				222	2000
33	Do you have designated Assembly points marked?			Yes	No
	Remarks:				
٠.	Are Critical facilities (OT, ICU, etc.), chemical storage and Essentia elevated platform or above the HFL?	al Supplies being	stored on an	Yes	No
34	Remarks:				
	Is procedure for movement of patients from critical facilities, in case landslide, oxygen leak/shortage) available?	e of an emergency	(fire, flood,	Yes	No
35	Remarks:				
	UTILITIES- ELECTRICITY (+ * Electrical Inspectorate to a	ppend their remarks	to this format as a	separate sheet)	
	Is Diesel Generator (DG) facility available?			Yes	No
36	Remarks: No of DGs present:				
	Capacity of each generator:		2	3	4
37	Remarks:				
	Is local diesel storage tank (for Diesal Generator) properly protected extinguisher provided?	I, and appropriate	fire	Yes	No
38	Remarks:				
	Y				
39	Are all generators kept above HFL (High Flood Level)? Remarks:			Yes	No
	ischiarks.				
3.0	Does the fuel storage facility for generators ensure a back-up for 3 d	lays?		Yes	No
40	Remarks: Capacity of the storage tank:				
	Do the ICUs and OTs have inverter back-up?			Yes	No
41	Remarks:				
			165 1931		
42	Are statutory electrical inspection certificates available (Earth certificates, power quality etc.)?			Yes	No
	Remarks:				
	Ensure all electrical equipment are capable for continuous duty (Con	ntinuous duty, She	ort time duty	Yes	No
43	and Intermittent duty)? Remarks:				
	Kemarks.				
	Has an energy audit been conducted?			Yes	No
44	Remarks:				
	UTILITIES-	WATER		W.	
	Source of water supply.	ernal:		External:	
45	Remarks:				
	Is alternate water supply available?			Yes	No
46	Remarks:				
	Source:				
47	Water reserves for hospital services and functions (minimum 3 days)		Yes	No	
٠,	Remarks: If not, how many days?				
	Is safe and potable water available in times of emergency?			Yes	No
48	Remarks:				
8	Source: UTILITIES- (OXVGEN			
	Is the location of storage area for medical gases adequately ventilate			Yes	No
49	Remarks:	±.			9133
				David A. C. C.	
50	Type of oxygen storage and its capacity Remarks:	lk storage:		Bottled oxygen:	
	, section and the section and				

51	Are trolleys available for movement of oxygen cylinders?		Yes	No		
51	Remarks:					
52	Are caps available for oxygen cylinders in storage areas?		Yes	No		
32	Remarks:					
	Is the staff adequately trained in handling of oxygen cylinders?			Yes	No	
53	Remarks:					
	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:	•	•			
56	Does the oxygen plant have a competent operator who can handle	emergencies such	as leakage?	Yes	No	
	Remarks:					
57	Is automatic gas monitoring system available?			Yes	No	
37	Remarks:					
	Any open ignition sources (e.g.: kitchen) and inflammable material storage (e.g. diesel for DG) nearby the oxygen storage area?			Yes	No	
2,0	Remarks:					
	Are identification valves for different gases available and colour cand displayed?	coding of pipelines	been followed	Yes	No	
	Remarks:					
	Has leakage audit been conducted for gas pipelines?			Yes	No	
60	Remarks:					
	Has newly laid oxygen pipelines undergone inspection?			Yes	No	
	Remarks: Certificate:					
62	Is a bio-medical engineer available at the hospital?			Yes	No	
	Remarks:					

	COMMUNICATION SYSTEMS		
(2	Is a Public Addressing System (PAS) available?	Yes	No
63	Remarks:		
	Does the PAS have a power back-up?	Yes	No
64	Remarks:		
65	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
66	Remarks:		
67	Is an alternative mode of communication available in case of the failure of existing communication system?	Yes	No
	Remarks:		,
68	Is there a Common Alert Mechanism for natural disasters (flood, landslide, earthquake, etc.) affecting the hospital?	Yes	No
00	Remarks:		

ABBREVIATIONS				
HFL	High Flood Level			
OT	Operation Theatre			
ICU	Intensive Care Unit			
RRT	Rapid Response Team			
MCP	Manual Call Point			
NOC	No Objection Certificate			
DG	Diesel Generator			
PAS	Public Addressing System			
EHS	Environment, Health & Safety			
Overall Remarks by the auditing team / Include any critical concerns to be	addressed immediately (including that of Electrical Inspectorate)			
Any other recommendations (if any)				

Auditing Team						
Name of Auditor	Department	Contact Number	Signature			
ate of the Audit						
are of the Audit						
udit Report Submitted on:						

	RAPID SAFETY AUDIT OF COVID-19	SPECIFIC FACILITIES IN I	HOSPITALS			
Hos	spital Name and District:					
Dis	Distance to nearby fire station: Distance to nearby hospital:					
	T		T	I		
1	Is the building located in Flood Prone area?		Yes	No		
	Remarks:					
2	Is High Flood Level (HFL) marked and visible ?		Yes	No		
	Remarks:		ı	I		
3	Is the building located in a Hilly Terrain?		Yes	No		
	Remarks:		1			
4	Is there a Common Alert Mechanism for natural disasters (flood, landslide, earthquake, etc.) affecting the hospital?			No		
	Remarks:					
5	Are Critical facilities (OT, ICU, etc.), chemical storage and Essential Supplies being stored on an elevated platform or above the HFL?			No		
	Remarks:					
6	Is procedure for movement of patients from critical facilities, in landslide, oxygen leak/shortage) available?	case of an emergency (fire, flood,	Yes	No		
	Remarks:		,			
7	Does the hospitals have a dedicated department for managing fire	e and safety?	Yes	No		
	Remarks:					
8	Is an Environment, Health & Safety (EHS) officer available at the	ne hospital?	Yes	No		
	Remarks:					
9	Is Fire Emergency Plan (Code Red) available and communicated	1?	Yes	No		
	Remarks:					
10	Has the Rapid Response Team (RRT) been formed?		Yes	No		
	Remarks:					

11	Have the RRT been regularly trained?	Yes	No
	Remarks: Check training records		
12	Is the nodal officer for handling emergencies available 24 hours?	Yes	No
	Remarks: Designations in each shift:		
13	Is Fire sprinkler system available in all areas and is inspected (internally/externally) periodically?	Yes	No
	Remarks: Date of last inspection:		I.
14	Are manual call points (MCP) available in all floors and operational?	Yes	No
	Remarks:		
15	Are adequate number and types of fire extinguishers available in all floors?	Yes	No
	Remarks:		
16	Is adequate firefighting system available- hydrant valves, hoses, monitors, etc.?	Yes	No
	Remarks:		
17	Are periodical fire trainings (fire drills) and mock drills conducted?	Yes	No
	Remarks: Last date of mock drill:		
18	Is fire NOC available?	Yes	No
	Remarks: Date of expiry:		
19	Is adequate pressure maintained in fire hydrant and sprinkler pipelines (min of 5 Bar)?	Yes	No
	Remarks:	I.	I
20	Is adequate water level maintained in fire water reservoir? Mention level	Yes	No

	Remarks: Level:		
21	Are inspections tag/stickers available for fire extinguishers (mention frequency of inspection)?	Yes	No
	Remarks:		
22	Is adequate training given on usage of fire extinguishers to all staffs?	Yes	No
	Remarks: Check training records		
23	Availability of Automatic fire detection system (smoke detectors) and alarm system (MCP's, Annunciator panel, siren), and is in working condition?	Yes	No
	Remarks:		
24	Is accessibility of all firefighting equipment (fire extinguisher, hydrant valves, hose reels, etc.) ensured?	Yes	No
	Remarks:		
25	Are all combustible materials segregated and stored away from ignition sources?	Yes	No
	Remarks:		
26	Does the basement have automatic sprinkler systems?	Yes	No
	Remarks:		
27	Are the basements free from combustible materials (check for any unauthorized storages, position of DG, etc.)?	Yes	No
	Remarks:		
28	Are the Emergency Exits and Evacuation route accessible?	Yes	No
	Remarks:		
29	Are access roads available throughout the hospital building to facilitate the fire tender?	Yes	No
	Remarks: Width of road:		
30	Is the width of the main entrance gate not less than 4.5m? (min 4.5m)	Yes	No
	Remarks: Mention width:		

	Remarks: Mention width:				
31	Are emergency evacuation route plans displayed prominently?			Yes	No
	Remarks:				
32	Are every exits and access to every exits free from all obstructions?			Yes	No
	Remarks:				
33	Are the emergency exit signs clearly visible (preferably illuminated) in each floors ?		Yes	No
	Remarks:				
34	Does the staircase have a width of at least 2m?			Yes	No
	Remarks:				
35	Is width of the corridor and passage greater than or equal to 2.4m?			Yes	No
	Remarks:				
36	Is Diesel Generator (DG) facility available?			Yes	No
	Remarks: No of DG's present:				
37	Capacity of each generator:	4	2	3	4
	Remarks:				
38	Is local diesel storage tank (for Diesal Generator) properly protected extinguisher provided?	d, and appropriate	fire	Yes	No
	Remarks:				
39	Are all generators kept above HFL (High Flood Level)?			Yes	No
1000	Remarks:				
40	Does the fuel storage facility for generators ensure a back-up for 3 d	tave?		Yes	No
-10	Remarks:	itty 5:			
	Capacity of the storage tank:				
41	Do the ICUs and OTs have inverter back-up? Remarks:			Yes	No
	remarks.				
42	Are statutory electrical inspection certificates available (Earth certif	ficates, power qua	lity etc.)?	Yes	No
	Remarks:				
43	Ensure all electrical equipment are capable for continuous duty (Con and Intermittent duty)?	entinuous duty, Sho	ort time duty	Yes	No
	Remarks:				
44	Has an energy audit been conducted?			Yes	No
	Remarks:				
45	Source of water supply.	ernal		External:	
	Remarks:			I	
	l				

46	Is alternate water supply available?	Yes	No			
	Remarks: Source:					
47	Water reserves for hospital services and functions (minimum 3 days)	Yes	No			
	Remarks: If not, how many days?					
48	Is adequately safe and potable water available in times of emergency?	Yes	No			
	Remarks: Source:					
49	Is the location of storage area for medical gases adequately ventilated?	Yes	No			
	Remarks:					
50.	Type of oxygen storage and its capacity Bulk storage	Bottled oxygen				
	Remarks:					
51	Are trolleys available for movement of oxygen cylinders?	Yes	No			
	Remarks:					
52	Are caps available for oxygen cylinders in storage areas?	Yes	No			
	Remarks:					
53	Is the staff adequately trained in handling of oxygen cylinders?	Yes	No			
	Remarks:					
54	Are all oxygen cylinders stored upright?	Yes	No			
	Remarks:	-				
55	For how many hours will the oxygen reserve last? 24 hours 48 hours	72 hours	72 and more			
	Remarks:					
56	Does the oxygen plant have a competent operator who can handle emergencies such as leakage?	Yes	No			
	Remarks:					
57	Is automatic gas monitoring system available?	Yes	No			
	Remarks:					
58	Any open ignition sources (e.g.: kitchen) and inflammable material storage (e.g. diesel for DG) nearby the oxygen storage area?	Yes	No			
	Remarks:	1				
59	Are identification valves for different gases available and colour coding of pipelines been followed and displayed?	Yes	No			
	Remarks:					
60	Has leakage audit been conducted for gas pipelines?	Yes	No			
	Remarks:	1	1			

	Remarks:			
61	Has newly laid oxygen pipelines undergone inspection?		Yes	No
	Remarks: Certificate:	'		
62	Is a bio-medical engineer available at the hospital?		Yes	No
	Remarks:			
63	Is a Public Addressing System (PAS) available?		Yes	No
	Remarks:			
64	Does the PAS have a power back-up?		Yes	No
	Remarks:			
	Are all employees aware of the in-house emergency contact number	of the nodal officer?	Yes	No
	Remarks:			
66	Are all external emergency contact numbers displayed prominently?		Yes	No
	Remarks:			
67	Is an alternative mode of communication available in case of the fail system?	lure of existing communication	Yes	No
	Remarks:			
68	Do you have designated Assembly points marked?		Yes	No
	Remarks:			
	ABBREVI	IATIONS		
	HFL	High Floo	od Level	
OT Operation Theatre				

ABBREVIATIONS				
HFL	High Flood Level			
OT	Operation Theatre			
ICU	Intensive Care Unit			
RRT	Rapid Response Team			
MCP	Manual Call Point			
NOC	No Objection Certificate			
DG	Diesel Generator			
PAS	Public Addressing system			
EHS	Environment, Health & Safety			

Auditing Team								
Name of Auditor	Department	Contact Number	Signature					
			-					

RAPID AUDITING CHECKLIST FOR COVID-19 HOSPITALS				
1	Is the building located in Flood Prone area?	Yes	No	Remarks
2	ls High Flood Level (HFL) marked and visible?	Yes	No	Remarks
3	Is the building located in a Hilly Terrain?	Yes	No	Remarks
4	Is there a Common Alert Mechanism (code orange) in case of any natural disasters (flood, landslide, earthquake, etc.)?	Yes	No	Remarks
5	Are Critical facilities (OT, ICU, etc.), Chemical storage and Essential Supplies being stored on an elevated platform or above the HFL?	Yes	No	Remarks
6	Is procedure for movement of patients from critical facilities, in case of an emergency (fire, flood, landslide, oxygen leak/shortage) available?	Yes	No	Remarks
7	Do the hospitals have a dedicated department for managing fire and safety?	Yes	No	Remarks
8	Is an Environment, Health & Safety (EHS) officer available at the hospital?	Yes	No	Remarks
9	Is Fire Emergency Plan (Code Red) available and communicated?	Yes	No	Remarks
10	Has the Rapid Response Team (RRT) been formed?	Yes	No	Remarks
11	Have the RRT been regularly trained?	Yes	No	Check training records
12	ls the nodal officer for handling emergencies available 24 hours?	Yes	No	Designations in each shift:
13	Is local diesel storage tank properly protected, and appropriate fire extinguisher provided?	Yes	No	Remarks
14	Is adequate fire detection system (smoke detectors) available?	Yes	No	Remarks
15	Are manual call points (MCP) available in all floors?	Yes	No	Remarks
16	Are adequate numbers of fire extinguishers available in all floors?	Yes	No	Remarks
17	ls adequate firefighting system available- hydrant valves, hoses, monitors, etc.	Yes	No	Remarks
18	Are periodical fire trainings and mock drills conducted?	Yes	No	Last date of mock drill:
	Is fire NOC available?	Yes	No	Date of expiry:
20	Adequate pressure in fire hydrant and sprinkler pipelines (min of 5 Bar).	Yes	No	Remarks

1				_
21	Adequate water level in fire water reservoir.	Yes	No	Level:
22	Fire extinguishers available in adequate numbers, types and is in good condition	Yes	No	Remarks
23	Inspections tag/stickers available (mention frequency of inspection)	Yes	No	Remarks
24	Adequate training on usage of fire extinguishers for staff	Yes	No	Remarks
25	alarm system (MCP's, Annunciator panel, siren), and is in working	Yes	No	Remarks
26	Ensure accessibility of all firefighting equipment (fire extinguisher, hydrant valves, hose reels, etc.)	Yes	No	Remarks
27	All combustible materials are segregated and stored away from ignition sources	Yes	No	Remarks
Does the basement have automatic sprinkler systems?	Yes	No	Remarks	
29	Are the basements free from combustible materials (check for any unauthorized storages, position of DG, etc.)	Yes	No	Remarks
	Are the Emergency Exits and Evacuation route Accessible	1	No	Remarks
31	Are access roads available throughout the hospital building to facilitate the fire tender?	Yes	No	Width of road:
32	Is the width of the entrance not less than 4.5m	Yes	No	Remarks
33	Are the roads terminated in dead ends inside the hospital premises?	Yes	No	Remarks
	Are every exits and exit access are free of all obstructions?	Yes	No	Remarks
35	Are the exits signs clearly visible (preferably illuminated) in each floors?	Yes	No	Remarks
36	Does the staircase have a width of at least 2m?	Yes	No	Remarks
37	Is width of the corridor and passage greater than or equal to 2.4m?	Yes	No	Remarks
38	Is generator facility available?	Yes	No	No of DG's present:
39	Capacity of each generator	1	. 2	3 4
40	Are all generators kept above HFL (High Flood Level)?	Yes	No	Remarks

41	Does the fuel storage facility for generators ensure a back-up for 3 days?	Yes	No	Capacity of the storage tank:	
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	Remarks	
44	Has an energy audit been conducted?	Yes	No	Remarks	
45	Source of water supply.	Intemal:		Extemal:	
46	ls altemate water supply available?	Yes	No	Source:	
47	Water reserves for hospital services and functions (minimum 3 days)	Yes	No	If not, how many days?	
48	Is adequately safe and potable water available in times of emergency?	Yes	No	Source:	
49	Is the location of storage area for medical gases adequately ventilated?	Yes	No	Remarks	
50	Type of oxygen storage and its capacity	Bulk storage:		Bottled oxygen:	
51	Are trolleys available for movement of oxygen cylinders?	Yes	No	Remarks	
52	Are caps available for oxygen cylinders in storage areas?	Yes	No	Remarks	
53	Is the staff adequately trained in handling of oxygen cylinders?	Yes	No	Remarks	
54	Are all cylinders are stored upright?	Yes	No	Remarks	

For how many hours will the oxygen reserve last?	24 hours	48 hours	72 hours	72 and more
Does the oxygen plant have a competent operator who can handle emergencies such as leakage?	Yes	No	Remarks	
57	ls automatic gas monitoring system available?	Yes	No	Remarks
Any open ignition sources (e.g.: kitchen) and inflammable material storage (e.g. diesel for DG) nearby?		No	Remarks	
Are identification valves available for different gases and colour coding of pipelines been followed and displayed?	Yes	No	Remarks	
Has leakage audit been conducted for pipelines?	Yes	No	Remarks	
Has newly laid oxygen pipelines undergone inspection?	Yes	No	Certificate:	
Is a bio-medical engineer available at the hospital?	Yes	No	Remarks	
Is a Public Addressing System (PAS) available?	Yes	No	Remarks	
Does the PAS have a power back-up?	Yes	No	Remarks	
Are all employees aware of the in-house emergency contact number of the nodal officer?	Yes	No	Remarks	
Is all external emergency contact numbers displayed prominently?	Yes	No	Remarks	
Is an altemative mode of communication available in case of the failure of existing communication system?	Yes		Remarks	