



## Office Facility Inspection Checklist

1. Record-keeping

(a) A log (day sheet) is kept recording visits made by all patients each day. Yes \_\_\_ No \_\_\_

(b) Typical number of patients seen per hour (calculate from three typical ½ - days) \_\_\_\_\_/hour  
*(Ask a member of the physician's office staff if the three half-days you have chosen for this exercise are typical ones. Ask if the physician actually saw all the patients listed. Ask how many hours would have been worked on each of these half-days. Divide the total number of patients seen by the total number of hours worked for the three half-days, and round to the nearest whole number.)*

(c) Patient records contain complete identification of the patient, on all portions of the chart. Yes \_\_\_ No \_\_\_

(d) Patient records contain the date of each visit Yes \_\_\_ No \_\_\_

(e) List examples of exemplary practice (eg. the system for recalling patients with a particular diagnosis; the system for recalling patients for timed interventions; problem lists; medication lists):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Does each individual patient have his or her own chart? Yes \_\_\_ No \_\_\_

3. The office is easily accessed by patients with disabilities Yes \_\_\_ No \_\_\_

4. The waiting area is sufficient (one chair per patient) Yes \_\_\_ No \_\_\_

5. The office is clean and in good repair Yes \_\_\_ No \_\_\_

6. The office layout protects privacy of conversations with patients Yes \_\_\_ No \_\_\_

7. Patients' records are protected from unauthorized viewing Yes \_\_\_ No \_\_\_

8. Examination rooms have:

(a) adequate lighting Yes \_\_\_ No \_\_\_ N/A \_\_\_

(b) an examination table Yes \_\_\_ No \_\_\_ N/A \_\_\_

(c) lighting and space to perform gynecological exams Yes \_\_\_ No \_\_\_ N/A \_\_\_

- (d) hand washing available in each examining room      Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (e) privacy protected (sound and sight)                      Yes \_\_\_ No \_\_\_ N/A \_\_\_

9. Examination rooms can seat \_\_\_ persons (including the physician)

10. The clinic has the following equipment readily available:

- (a) stethoscope    Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (b) sphygmomanometer    Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (c) otoscope with clean tips    Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (d) ophthalmoscope    Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (e) reflex hammer    Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (f) measuring tape    Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (g) vaginal specula    Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (h) disposable gloves    Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (i) lubricant    Yes \_\_\_ No \_\_\_ N/A \_\_\_
- (j) thermometer    Yes \_\_\_ No \_\_\_ N/A \_\_\_

- 11. Sharps and toxic products are properly stored and discarded      Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 12. Washrooms are easily accessible to patients                      Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 13. Emergency equipment is appropriate to the location              Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 14. Adrenaline is available for anaphylactic reactions              Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 15. Drugs are store appropriately and securely                      Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 16. Drugs are dated and within expiry dates                      Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 17. A separate refrigerator is available for drug storage and vaccines as appropriate      Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 17a. This refrigerator has a temperature monitor and/or alarm system              Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 18. Prescription pads are stored securely                      Yes \_\_\_ No \_\_\_ N/A \_\_\_
- 19. An autoclave is available                      Yes \_\_\_ No \_\_\_ N/A \_\_\_

Please comment on significant features (including great ideas):

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Practice Visit Number:

Practice Visitor: \_\_\_\_\_  
(print)

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_