

**HOSPITAL PERFORMANCE MEASUREMENT CHECKLIST  
(MONTHLY)**

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## MONTHLY PERFORMANCE MEASURING CHECKLIST

Name of in charge: \_\_\_\_\_ Designation: \_\_\_\_\_ Date of inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_\_

Monthly /Quarterly Monitoring Tasks	Observation	Recommendation
Medicine store: <ul style="list-style-type: none"> <li>• Storage as per guidelines</li> <li>• Expiry dates</li> <li>• Essential drug list updated</li> </ul>		
Equipment functional status		
Fire-fighting arrangements		
Record review focus on		
Unique number, Completeness, accuracy, Authorization, Legibility		
Weekly/Monthly staff meetings conducted/Minutes recorded		
Complaint register maintained/Reviewed		
Any Sentinel event recorded		
Display of IEC Material		
High risk Obs Cases identification and documentation		
HCE/Patient rights charter displayed		
Leave register maintained		