

HOSPITAL PERFORMANCE MEASUREMENT CHECKLIST
(DAILY / WEEKLY)

WEEKLY PERFORMANCE MEASURING CHECKLIST

Name of in charge: _____ Designation: _____ Date of inspection: ____ / ____ / ____
Time: _____

Daily Monitoring Tasks	Observation	Recommendation
General Cleanliness		
Washroom cleaned/Functional		
Drinking Water available		
Seating arrangement for patients		
UPS/Generator functional		
Staff Attendance: Attendance register/Biometric/ Movement register/Leave register		

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Staff wearing identification badges		
Emergency room ready/ drug list/ essential supply		
Oxygen cylinder filled/ready		
Hospital waste disposed off properly		
Sterilization /Hand washing facilities		
Daily expense register maintained		
Patient registration/Guidance system		
Patients privacy ensured during consultation/examination		
Medicines are being labelled while dispensing		