

**Senarai Semak Pemeriksaan Pasca Pendaftaran Klinik Perubatan Swasta
[Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 dan Peraturan-Peraturan
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Medical Clinic Id No. :

REGISTRATION NO. : DATE OF REGISTRATION :

NAME OF PREMISES :

ADDRESS OF PREMISES

TYPE OF SERVICES : General Outpatient

Specialist Outpatient Specify:

Aesthetic as area of interest : Yes No

OPERATING HOURS :

TYPE OF PRACTICE : Solo Group

NATURE OF BUSINESS VENTURE : SP BC Society Partnership

NAME OF HOLDER OF COR :

NAME OF PERSON IN CHARGE :

DATE AND TIME OF INSPECTION :

NAME OF INSPECTOR(S) :

Please (✓) in the appropriate boxes

PART I – DOCUMENTS INSPECTION				
REG.	ITEMS	COMPLY		COMMENTS
		Yes	No	
ORGANISATION & MANAGEMENT				
R.8. Person in Charge				
	Current APC			
	Qualification			
R.9. Other Healthcare Professional Staff				
	Current APC			
	Qualification			
R.20. Minimum Information Captured in Attendance, Referral and Death Register				
R.22. Staff Register with Qualification, Full Registration No., Address and Tel. No.				
	RMP – Permanent/Temporary (including Locum)			
	Other Staff			
R.30. Appropriate Patient Medical Record System with Minimum Information				
POLICY AND PROCEDURE				

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R.14. Written Policy			
(1)	Provision of written policies on–		
(b)	Procedure of patients registration, attendance and referrals		
(c)	Incident reporting		
(d)	Infection control		
(h)	Transportation of laboratory specimens		

REG.	ITEMS	COMPLY		COMMENTS
		Yes	No	
R.27.	Patient Grievance Procedure			
R.71.	Organised Maintenance Programme			
R.108.	Fee Schedule			
OTHERS				
R.33.	Infection Control			
(2) (b)	System of notification ~ forms etc			
R.35.	Arrangement for Vector Control			
R.54.	Arrangement or Agreement for the Management of Hazardous Waste			

PART II - FACILITIES AND SERVICES INSPECTION				
SEC./REG.	ITEMS	COMPLY		COMMENTS
		Yes	No	
ORGANISATION AND MANAGEMENT – <u>SHALL BE EXHIBITED</u>				
S.28.	Certificate of Registration (COR)			
R.7.	Organization Chart			
R.15.	Policy Statement			
(1)(a)	Staff Identification			
(1)(b)	Billing Procedures			
(1)(c)	Patient's Rights			
R.24.	Duty Rosters of HC Professional Staff			
R.74.	Emergency Call Information			
SPECIAL REQUIREMENTS FOR PHARMACEUTICAL SERVICES				
R.82.	Storage and Maintenance of Poison and Dangerous Drugs			
	In accordance to the Dangerous Drugs Act 1952			
R.83.	Stored and Dispensed Medications Appropriately Labelled			
R.84.	No Expired Drugs in Premises			
R.86.	Maintenance of Cold Chain for Vaccines			Refer to Checklist CkapsUkaps PMC-02
SPECIAL REQUIREMENTS FOR RADIOLOGICAL OR DIAGNOSTIC IMAGING SERVICES				
R.93.	Valid Atomic Energy Licence for Radiological or Diagnostic Imaging Services			
GENERAL PROVISIONS FOR STANDARDS OF PRIVATE MEDICAL CLINICS				
R.34.	Location of Private Medical Clinics			
R.37.	Doors			
(1)	Entrance/Consultation and treatment room doors \geq 1.2m			

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PART II - FACILITIES AND SERVICES INSPECTION				
SEC./ REG.	ITEMS	COMPLY		COMMENTS
		Yes	No	
(2)	Toilet doors \geq 0.9m and not swing inwards			
(6)	No doors (<i>except closet doors</i>) swing into the corridors			
R.41. Appropriate Signage and Labeling				
STANDARDS FOR OUTPATIENT FACILITIES AND SERVICES				
R.90. General requirements				
(1)	(<i>clinic within licensed facility</i>)			
(a)	Easy access			
(b)	Not outpatient traffic through inpatient area			
(c)	Convenient access to other facilities if provided			
(2)	Type of facilities commensurate with type of services			
(3)	Minimum basic facilities provided–			
(a)	Adequate waiting area			
(b)	Administrative/Financial facility/area			
(c)	Toilet			
	R.46. (1)(c) Toilet paper			
	(1)(d) Water spray			
	(1)(e) Grab bar			
	(2) Clean			
(e)	Utility room/area			
R.91. Medical Outpatient Services				
(1)	No. of consultation room(s)			
(a)	Minimum dimension of 3.0m and minimum area of 11.1m²			
(b)	Facilities available			
(i)	Hand washing facilities			
	R.45. (3) Sink with hands free faucet			
	R.45. (4) sink with no overflow outlet Not bottle trap sink pipe			
	R.46. (b) soap Hand washing appliance Sanitary hand drying			
(ii)	Examination light			
(iii)	Storage of supplies and equipment			
(iv)	Dressing cubicle or area			
(v)	Screen			
(vi)	Film illuminator			
(2)	Treatment room			
(a)	Minimum dimension of 2.4m and minimum area of 8.0 m²			
(b)	Facilities available			
(i)	Hand washing facilities			

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	(ii)	Examination light			
	(iii)	Storage of supplies and equipment			
	(iv)	Dressing cubicle or area			
	(v)	Screen			
	(vi)	Film illuminator			
(3)		Minor surgery room			
(a)		Minimum dimension of 2.4 m and minimum area of 8.0 m ²			
(b)		Facilities available			
	(i)	Scrub sink			
	(ii)	Liquid detergent dispenser			
	(iii)	Operating light			
	(iv)	Storage room or area			
	(v)	Screen			
	(vi)	Film illuminator			
(5)		Adequate and sufficient sterilising facility			
(6)		Adequate linen and equipment storage room or area			
R.75. Basic Emergency Care Services (Referring to 5th Schedule)					
(9)		Provision of basic emergency equipment, apparatus, materials–			
(a)		An emergency call system			
(b)		Oxygen			
(c)		Airways and manual breathing bag			
(d)		IV supplies			
(e)		Electrocardiogram			
(g)		Suction equipment			
(h)		In-dwelling urinary catheters			
(i)		Drugs and other emergency medical equipment/supplies deemed necessary			
R.45. Plumbing					
(2)		Sinks for cleaning utensils and equipment			
R.51. Adequate Ventilation all rooms/areas					
R.52. No Exposed Sewer Line at Work/Clinical Area					
SECT/ REG.	ITEMS	COMPLY		COMMENTS	
		Yes	No		
R.54.	Appropriate Management of Hazardous Waste				
R.55.	Organized Housekeeping				
R.65.	Proper Linen Processing				
R.43.	Janitor's Closet or Area				
R.104.(2)	RMP rest room (for 24 hours clinic)				
OTHERS					
Infrastructures as per Submitted Floor Plan					<i>If No, please comment below.</i>

** Scope of facilities and services: Outpatient Extra specify

COMMENT(S):

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A. Comply :

B. Non Compliance:

C. Recommendation to Certificate Holder/PIC:

D. Plan of Follow-up Action:

Prepared by,

Reviewed by,

.....
Name:

.....
Name:

Designation:

Designation:

Date:

Date: