



# PRIVATE HEALTH SERVICES REGULATORY COUNCIL

## HOSPITAL

1. Name of the Hospital -
2. Address -
3. Date of Establishment -
4. Province -  District -
5. Name of the Owner -
6. Name of the Chief Executive Officer/ Executive Director -
7. Name of the Medical Director -  
Sri Lanka Medical Council (SLMC) registration no. -
8. Number of Full Time Doctors -  
[Please attach a list of names and Sri Lanka Medical Council (SLMC) registration numbers of the Full Time Doctors]
9. Name of the Nursing Director/ Nurse In-charge -  
Sri Lanka Medical Council (SLMC) registration no. -
10. Number of Nurses -
11. **Consultation Rooms**

a.	<i>Number of consultation rooms</i>	
	<i>Square area of the each room (Minimum floor area 70 sq.ft. and height 8 ft.)</i>	

**b. Equipments**

<i>Examination bed</i>	
<i>Table and chairs</i>	
<i>Wash basin</i>	
<i>Weighing scale</i>	
<i>Adequate ventilation and illumination</i>	

**c. Waiting Area**

<i>Seating facilities for minimum of 10 persons per consultation room with sanitary facilities</i>	
<i>Adequate ventilation and illumination</i>	

**12. Sample Collection Room**

a.

<i>Floor area (Minimum floor area 100 sq.ft.)</i>	
<i>Adequate sanitary facilities</i>	

**b. Equipments**

<i>Arm chair</i>	
<i>Bed</i>	
<i>Safe waste disposal</i>	
<i>Toilet facilities</i>	
<i>Adequate illumination</i>	

**13. Laboratory Facilities**

<i>Name of the Pathologist</i> <b>Sri Lanka Medical Council (SLMC)</b> <i>registration no.</i> <i>Whether Full Time/ Part Time</i>	
<i>Name of the Microbiologist</i> <b>Sri Lanka Medical Council (SLMC)</b> <i>registration no.</i> <i>Whether Full Time/ Part Time</i>	
<i>Name of the Chemical Pathologist</i> <b>Sri Lanka Medical Council (SLMC)</b> <i>registration no.</i> <i>Whether Full Time/ Part Time</i>	
<i>Name of the Chief Medical Laboratory Technician</i> <b>Sri Lanka Medical Council (SLMC)</b> <i>registration no.</i> <i>Number of Medical Laboratory Technicians</i>	
<i>Internal and external quality controlling</i>	

**14. X-Ray Room**

<i>Registration number and date of the license issued by the Atomic Energy Authority</i>	
--	--

**15. Indoor Facilities**

a. **Wards**

--	--

*Number of beds*

---

*Floor area per bed  
(Minimum floor area of  
70 sq.ft. per bed.)*

---

*Toilet facilities  
(Minimum 01 toilet for  
05 patients.)*

b. **Single Room**

<i>Number of single rooms</i>	
<i>Floor area per room (Minimum floor area of 100 sq.ft. with ventilation, illumination and sanitary facilities.)</i>	

c. **Double Room**

<i>Number of double rooms</i>	
<i>Floor area per room (Minimum floor area of 160 sq.ft. with ventilation, illumination and sanitary facilities.)</i>	

d. *Total number of beds*

--	--

16. **Operating Theatre**

1. **Minor**

a. *Floor area  
(Minimum floor area of 120 sq.ft.)*

--	--

*with suitable floor and walls.)*

---

*Easy cleaning and sterilization*

---

*Adequate ventilation and lighting air conditioning*

---

*Adequate facilities to hand washing*

---

*Changing facilities*

**b. Equipments**

<i>Sucker</i>	
<i>Sterilizer</i>	
<i>BP apparatus</i>	
<i>Ambubag</i>	
<i>Laryngoscope</i>	
<i>Emergency trolley with supplies</i>	
<i>Oxygen</i>	

**2. Medium/ Major**

a. *Floor area  
(Minimum floor area 180 sq.ft.  
(15'\*12))*

**b. Equipments**

--	--

<i>Universal operating theatre table</i>
<i>Theatre lights</i>
<i>Anesthetic machine</i>
<i>Oxygen</i>
<i>Nitrogen</i>
<i>Diathermy</i>
<i>Multi para meter or ECG monitor</i>
<i>Pulse oxymeter</i>
<i>Ambubag</i>
<i>BP apparatus</i>
<i>Laryngoscope</i>
<i>Emergency trolley with supplies</i>
<i>Emergency light</i>
<i>All necessary surgical instruments</i>

**17. Scrubbing Area**

<i>Adequate scrubbing facilities</i>	
<i>Changing facilities</i>	

**18. Recovery**

<i>Adjustable trolley or bed</i>	
----------------------------------	--

<i>BP Apparatus</i>
<i>Sucker</i>
<i>Oxygen</i>
<i>Emergency trolley with necessary supplies</i>

19. **C.S.S.D.**

<i>Autoclave</i>	
<i>Sterilization facilities</i>	

20. **Labour Room**

a.

<i>Floor area (Minimum usable floor area 120 sq.ft. with suitable flooring and walls)</i>	
<i>Easy cleaning and sterilization</i>	

b. **Equipments**

<i>Adjustable labour room bed</i>	
<i>Table for baby</i>	
<i>Weighing scale</i>	
<i>Oxygen pediatric sucker</i>	
<i>Emergency trolley with supplies</i>	
<i>Spot lamp</i>	
<i>Pinard stethoscope</i>	

---

*Necessary surgical instruments*

---

*Adjoining toilet*

**c. Waste disposal**

<i>Adequate waste disposal system</i>	
---------------------------------------	--

**21. Emergency Treatment Unit**

a.

<i>Floor area (Minimum of 100 sq.ft. per patient)</i>	
<i>Suitable floor and walls for easy cleaning</i>	
<i>Adequate ventilation and illumination</i>	

**b. Equipments**

<i>Oxygen</i>	
<i>ECG recorder</i>	
<i>Nebulizer</i>	
<i>Sucker</i>	
<i>Emergency trolley with supplies</i>	
<i>Necessary facilities and equipment for resuscitation</i>	
<i>Laryngoscope</i>	



**22. ICU/ High Dependency Unit**

a.	<i>Floor area (Minimum of 100 sq.ft. per patient)</i>	
	<i>Suitable floor and walls for easy cleaning</i>	
	<i>Adequate ventilation and illumination</i>	

**b. Equipments**

	<i>Ventilator</i>	
	<i>Defibrillator</i>	
	<i>Oxygen</i>	
	<i>ECG recorder</i>	
	<i>Nebulizer</i>	

	<i>Sucker</i>	
	<i>Emergency trolley with supplies</i>	
	<i>Necessary facilities and equipment for resuscitation</i>	
	<i>Laryngoscope</i>	

**23. Dental Surgery**

a.	<i>Name of the Dental Surgeon <b>Sri Lanka Medical Council (SLMC) registration no.</b></i>	
	<i>Name of the Dental Surgery Assistant</i>	
	<i>Patient waiting area</i>	

*(at least with four chairs)*

---

*Surgery area  
(Minimum 200 Sq.ft.)*

---

*Adequate toilet facilities*

**b. Equipments**

<i>Dental Chair + Unit</i>	
<i>Sterilizer through autoclaves are preferable</i>	
<i>Basic hand instruments and trays</i>	
<i>Emergency medical tray/ kit</i>	

**c. Disposables and Accessories**

<i>Needles</i>	
<i>Syringes</i>	
<i>Masks</i>	
<i>Gloves</i>	
<i>Cups</i>	
<i>Aprons</i>	

**d. Consumables**

<i>Materials for basic restorative</i>	
<i>Prosthetic and surgical procedures</i>	

**e. Adequate water and electricity facilities**

--	--

---

*Hygienic waste disposal*

---

*System of record keeping*

24. a. **Indoor Pharmacy/ Drug Store**

<i>Dry and clean storage facilities with provision to maintain cold chain</i>	
---	--

b. **Out door Pharmacy**

<i>Floor area (Minimum of 100 sq.ft.)</i>	
<i>Name and the <b>Sri Lanka Medical Council (SLMC)</b> registration no. of the Pharmacist</i>	
<i>Dry and clean storage facilities with provision to maintain cold chain</i>	

25. **Ambulance Services**

<i>Number of Ambulances</i>	
-----------------------------	--

26. **Kitchen/ Pantry**

<i>Necessary kitchen equipment</i>	

*Clean table surfaces*

---

*Covered dust bins*

---

*Easily cleanable floor*

---

*Adequate exhaust system*

**27. Parking**

<i>Number of parking slots</i>	
--------------------------------	--

**28. Waste Disposal**

<i>Method of Clinical Waste Disposal (According to the Central Environmental Authority requirements)</i>	
--	--

**29. UDA approval number and date as a Hospital/ Nursing Home -**

**30. Provincial Director's Comments -**

**Name of the Provincial Director of Health Services -**

.....  
*Signature*

.....  
*Seal*

.....  
*Date*