



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

Medical Centers/ Channel Centers

1. Name of the Medical Centre/ Channel Centre -
2. Address -
3. Date of Establishment -
4. Province - District -
5. Name of the Owner -
6. Name of the Medical Director/ In-charge -
Sri Lanka Medical Council (SLMC) registration no. -
7. Number of Full Time Doctors -
[Please attach a list of names and Sri Lanka Medical Council (SLMC) registration numbers of the Full Time Doctors]
8. Number of Part Time Doctors -
[Please attach a list of names and Sri Lanka Medical Council (SLMC) registration numbers of the Part Time Doctors]
9. Name of the 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.)</i>	

- and height 8 ft.)*
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. **X-Ray Room**

<i>Registration number and date of the license issued by the Atomic Energy Authority</i>	
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14. **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>	

15. **C.S.S.D.**

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Auto clave

Sterilization facilities

16 **Indoor Pharmacy/ Drug Store**

<i>Dry and clean storage facilities with provision to maintain cold chain</i>	
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17. **Parking**

<i>Number of parking slots</i>	
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18. **Waste Disposal**

<i>Method of Clinical Waste Disposal (According to the Central Environmental Authority requirements)</i>	
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19. **Company/ Business registration no. -**

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

Name of the Provincial Director of Health Services -

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Signature

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Seal

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Date