

SELF ASSESSMENT CHECKLIST FOR BMMP AND AERB (FACILITY-WISE)

Name of State:
Name of District:
Name & Type of Facility
(SC/PHC/CHC/DH):

Name of Facility in-charge:
Mobile number:
Email Id:

Sr. No	Questions	Observations	Remark
1.	Availability of Hospital Equipment Management Committee (HEMC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Equipment Census being held	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, Last held on
3.	Equipment audit held	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Total number of equipment held in the inventory	..... (In Number)	
6	Total valuation of equipment	..... (In Lakhs)	
7	Total functional equipment (Past 6 months)	..... (in %)	
8	Total dysfunctional equipment	..... (in %)	
9	Total number of PM and calibration held (Past 6 months)	..... (in %)	
10	Condemnation of equipment done	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, Last held on
11	Last condemnation held on	.....(mm/yy)	
In case of PPP mode			
12	Equipment mapping/ tagging last held on	..... (mm/yy)	
13	Total number of functional equipment	..... (In Number)	
14	Total number of BER equipment	..... (In Number)	
15	Daily monitoring of 25 critical equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Complain management system-Toll free number provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17	Total number of complaints lodged within last 6 months	..... (In Number)	

18	Total number of complaints resolved in	07 days <input type="checkbox"/>	1 month <input type="checkbox"/>	3 months <input type="checkbox"/>
19	Number of equipment under CMC/AMC	.....(In Number)		
20	Number of equipment in warranty	..... (In Number)		
21	Availability of Biomedical Engineer/ Technician	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
In case of In- House mode				
22	Total number of functional equipment	..... (In Number)		
23	Number of equipment in CMC/AMC with OEM	..... (In Number)		
24	Availability of complaint management system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
25	Availability of IT Dashboard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
26	Frequency of PM/Calibration done	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Annually <input type="checkbox"/>
27	Availability of biomedical engineer/ Technician	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
28	If no, Any designated person for monitoring of Equipment AMC/CMC by the vendor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
AERB Compliance				
1	Number of ionizing equipment like X-ray/ CT scan/ Mammography/ Dental X-ray etc.	..... (In Number)		
2	Availability of lead lining on the doors and walls	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Availability of patient safety signages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4	Availability of Healthcare worker's safety tools (TLD Badges, Lead Apron etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Availability of RSO (Radiation Safety Officer)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6	Frequency of Radiology Equipment Calibration done (Quarterly, Half Yearly, Annually)	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Annually <input type="checkbox"/>
7	Whether facility registered on e-LORA portal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8	Whether equipment is AERB certified and license valid till	Yes <input type="checkbox"/>	No <input type="checkbox"/>	