



IN ANY CORRESPONDENCE ON
THIS SUBJECT PLEASE QUOTE NO:UNMC/115

UGANDA NURSES AND MIDWIVES COUNCIL INSPECTION OF PREMISES AND PROFESSIONAL EQUIPMENT FOR APPLICANTS OF PRIVATE MIDWIFERY PRACTICE

1.0 PERSONAL DATA

- i) Name of Unit;..... Date of inspection.....
- ii) Location – Village..... Zone
- District..... Nearest Trading Centre.....
- iii) Names of owner (Applicant).....
- iv) Professional Qualifications of applicant

2.0 INFORMATION ON PREMISES

- i) General appearance of Clinic.....
- ii) Condition of surroundings.....
- iii) Type of building; – Permanent/Semi Permanent
- iv) Total number of rooms
- v) Does the clinic have the following;-
 - Reception
 - Examination/Delivery
 - Treatment room
- vi) State of walls and floors
- vii) Lighting – what type?
- Is it adequate/inadequate?
- viii) Source of water supply
- ix) Toilet/Latrine – is it shared or only for Clinic
- Comment on cleanliness
- Has it got a cover?
- Is it provided with water to wash hands?.....

3.0 PROFESSIONAL EQUIPMENT

- i) Complete Midwifery Kit.....
- ii) B/P Machine is it functional?

- iii) Stethoscope
- iv) Featoscope
- v) Gallipots – Number
- vi) Kidney Dishes – Number.....
- vii) Thermometers – Number
- viii) Placenta Pit
- ix) Buckets for decontamination of used equipment(s) number
- x) Method of sterilization
- xi) Delivery couch/bed
- xii) Beds
- xiii) Baby Cot
- xiv) Dust Bin with cover
- xv) Protective Materials e.g aprons, gumboots, gargles, gloves

4.0 DRUGS

- i) Is there a lockable medicine cupboard?
- ii) Types of drugs kept – class A/B/C?

5.0 STATIONERY

Are there;-

- Partographs
- TPR Charts
- Notification forms
- Counter books for record keeping;.....Number

Names of Assessor(s).....

Signature.....

Date Official Stamp

Thank you.