

HEALTH CARE FACILITY CHECKLIST

Country:	DATE:
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FACILITY'S DETAILS (Provide photographs if available)

Name of Facility:		Civilian <input type="checkbox"/> Military <input type="checkbox"/> Private <input type="checkbox"/>
City / town:	State / Province:	
Address:	Coordinates:	

CONTACT DETAILS (Hospital or Health Personnel)

Administration	Accident or Emergency
Name:	Name:
Address:	Address:
Phone:	Phone:
Fax:	Fax:
Email:	Email:

CAPACITY

		Bed numbers, average occupancy (%), general cleanliness, level and quality of care.
<input type="checkbox"/>	General Medicine	
<input type="checkbox"/>	General Surgical	
<input type="checkbox"/>	Intensive Care Unit	
<input type="checkbox"/>	Isolation of Infectious Diseases	
<input type="checkbox"/>	Emergency / trauma room	
<input type="checkbox"/>	Other:	

SERVICES

<input type="checkbox"/>	Operating Theatre(s)	Number of theatre(s)	Special equipment		
		Comments:			
<input type="checkbox"/>	Laboratory	Quality Assurance Programs	Special equipment		
		Comments:			
<input type="checkbox"/>	Blood Banking	Routine stock holding (Number of units)	Country of Donation	Donor screening process	
		Special equipment			
		Management: Responsibility, blood management standards, testing and quality control standards			
<input type="checkbox"/>	X-Ray Facilities	Special equipment			
		Comments:			
<input type="checkbox"/>	Pharmacy	Drug Stocks (days)	Sources of stocks (language of labelling)	Resupply period (days)	Quality control system
		Storage equipment (refrigeration, freezer, temperature controlled environment)			
		Special Equipment			
		Comments:			
<input type="checkbox"/>	Dental	Number of surgeries	Special Equipment		
		Comments:			
<input type="checkbox"/>	Other				

SUPPORT

Nearest Alternate Medical Facility	Name of facility, Location, Address and contact numbers
Nearest Canadian Embassy	Name, Address, Contact details

STAFFING (full time only)

Health care staffing information such as where doctors / dentists were trained and their level of confidence, specialties, ongoing training, NGO assistance, personal observations of practices, language spoken, etc.

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UTILITIES

Waste disposal	<input type="checkbox"/>	General dry / wet	Contractor, location, precautions, capacity, restrictions			
	<input type="checkbox"/>	Biological	Contractor, location, precautions, capacity, restrictions			
	<input type="checkbox"/>	Chemical	Contractor, location, precautions, capacity, restrictions			
	<input type="checkbox"/>	X-Ray and Radioactive	Contractor, location, precautions, capacity, restrictions			
Communications	<input type="checkbox"/>	Phone	Type	<input type="checkbox"/> Cable	<input type="checkbox"/> Satellite	
	<input type="checkbox"/>	Radio	Type & Frequency	<input type="checkbox"/> VHF	<input type="checkbox"/> UHF	<input type="checkbox"/> CB Alternate
	<input type="checkbox"/>	Other - type				
Water supply	<input type="checkbox"/>	Bore or well	Availability (reticulated or not,, climatic / administrative restrictions)			
	<input type="checkbox"/>	Rain Tank or other containers	Availability (reticulated or not,, climatic / administrative restrictions)			
	<input type="checkbox"/>	River	Availability (reticulated or not,, climatic / administrative restrictions)			
	<input type="checkbox"/>	Lake	Availability (reticulated or not,, climatic / administrative restrictions)			
Power supply	<input type="checkbox"/>	Mains Electricity	Voltage	Availability, stability		
	<input type="checkbox"/>	Gas		Availability		
	<input type="checkbox"/>	Generator	Capacity (KVA)	Availability, maintenance		
	<input type="checkbox"/>	Other	Type (eg. Solar, wind, wave), voltage, capacity, availability			

EVACUATION CAPACITY

<input type="checkbox"/> Road	Ambulance service <input type="checkbox"/> Civilian <input type="checkbox"/> Military		Contact details (Name, phone / fax / emergency number, and address)		
	Comments		Hours of operation, types of vehicles, equipment, communications, response times, staff training		
<input type="checkbox"/> Air	R O T A R Y	<input type="checkbox"/> Company Name <input type="checkbox"/> Civilian <input type="checkbox"/> Military		Contact details and address	
		Aircraft type (s)		Make of aircraft, carrying capacity, equipment, response times, staff training	
		<input type="checkbox"/> Landing zone Night Capability <input type="checkbox"/>		Serviceability, proximity to facility, surface type, markings,	
		<input type="checkbox"/> Substitute landing zone Night Capability <input type="checkbox"/>		Type, location, distance from facility (minutes and Kilometres), and road surface	
	F I X E D	<input type="checkbox"/> Company Name <input type="checkbox"/> Civilian <input type="checkbox"/> Military		Contact details and address	
		Aircraft type (s)		Make of aircraft, carrying capacity, equipment, response times, staff training	
		Airfield/Airport Runway lighting <input type="checkbox"/>		Name of Airfield / Airport and contact details (Phone, Radio)	
		Road surface to Airport		Paved, dirt, 4WD, obstacles	
	Comments				
	<input type="checkbox"/> Sea	Port		Name of Port, Contact name and details	
		Road surface to Port		Paved, dirt, 4WD, obstacles	
	Distances and Timings	Medical facility to Airport		Medical facility to Port	
Km's:		Hours:	Km's:	Hours:	

Information submitted by:	
Unit / HQ:	
Name:	
Address:	
Phone:	Fax:
E-mail:	
Date:	

Please send a copy of the Information Sheets to:
Medical Intelligence
CF H Svcs Gp HQ
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Ottawa ON K1A 0K6
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Fax: 613-945-6668