

**Ayurveda Department,
Himachal Pradesh.**

No. Ay.(H)(Inspection)/
To

Dated, Shimla-9, the 25th October, 2010.

1. All the District Ayurvedic Officers
in Himachal Pradesh.
2. All the Sub Divisional Ayurvedic Medical Officers,
in Himachal Pradesh.

Subject: Inspection of Ayurvedic Institutions.

Sir,

Integrated audit of Ayurveda Department was conducted by the Accountant General, Himachal Pradesh for the period from 2005-2010. One of serious observations/objections of the audit is that the department does not have any system for monitoring and evaluating the programmes and services. The audit also pointed out that the required inspections of the institutions was not carried out during the period under audit. This matter was discussed between the Pr. Accountant General, Himachal Pradesh and the Principal Secretary (Ayurveda) to the Government of Himachal Pradesh in the Exit Conference held on 7-10-2010. The Government has taken serious view of deficiencies of monitoring system. Therefore, in order to have proper monitoring and evaluation system in place, following orders are made in supersession of all previous orders:-

ANNUAL GENERAL/DETAILED INSPECTION

1. The District Ayurvedic Officers (except in Chamba district) shall inspect all Ayurvedic/Homoeopathic/ Unani/Amchi health centres in their respective districts which are not specifically under the jurisdictions of the Sub Divisional Ayurvedic Medical Officers. The District Ayurvedic Officer, Chamba shall inspect all but eight such institutions. In addition to this following such institutions shall also be inspected within the same financial year by the District Ayurvedic Officers:-

- Kinnaur : Three each in Ribba and Nigulsari Sub Division.
- Shimla : Two each in Rohru, Sandhu and Rampur Sub Division.
Four in Chopal Sub Division.
- Solan : Five each in Kandaghat and Jalana SubDivisions and six
in Nalagarh Sub division.
- Sirmaur : Three in Rajgarh and six in Surajpur Sub Division.
- Bilaspur : Eight in Ghumarwin Sub Division. Out of them five
as cross check and three on behalf of SDAMO.
- Hamirpur : Two each in Kitpal and Badsar Sub Divisions.
- Una : Six in Amb Sub Division.
- Kangra : 14 in Dehra Sub Division on behalf of SDAMO Dehra,
Two following in the share of SDAMO Dehra for cross
Check.
One each in rest of the Sub Divisions in Kangra District.
- Chamba : Two each falling in the Sub Divisions in district except
Tunuhatti. District Ayurvedic Officer, Chamba shall allot
Eight such institutions falling under the exclusive
Jurisdiction of DAO, to SDAMO Tunuhatti for carrying
Out inspection on behalf of DAO Chamba.
- L&S : Three in Sub Division Kaza.
- Kullu : Five each in Banjar and Ani Sub Divisions and

- Five in Katrain.
- Mandi : Three in Karsog Sub Division and two each in Remaining Sub Divisions.

The above annual target must be spread over in the financial year (working months of financial year in case of tribal and difficult areas) by achieving the following minimum target per month by each District Ayurvedic Officer:

Kinnaur: two; Shimla, Hamirpur, Una, Kangra, Chamba and Mandi: four each; Sirmaur, Solan, Bilaspur, L&S and Kullu: three each, with the following conditions:-

- i) The target in Tribal and Hard Area must be achieved in working months only.
- ii) The remote and difficult areas must be taken up for inspection in First and Second quarter of the year.
- iii) The institutions to be inspected in the areas specified in the jurisdiction of SDAMOs must be selected at random. Institutions in far flung and remote areas must be selected.
- iv) where there is complaint or reason to believe that working is not proper, the institutions must necessarily be picked up for immediate inspection.
- v) The inspection of institutions allotted to District Ayurvedic Officer in the respective jurisdictions of the SDAMOs are as a measure of cross-check. Therefore, they may be inspected only after they are inspected by the SDAMOs in that financial year. The institutions should be cross-checked in rotation in subsequent years. However, where there is complaint or reason to believe that institution is not functioning properly, it should doubly checked.

2. All Sub divisional Ayurvedic Medical Officers shall carry out inspections of 100 per cent Ayurvedic/Homoeopathic/Unani/Amchi institutions located within their respective jurisdiction, except in Dehra, where total number would be 36. Minimum monthly target for each SDAMOs will be as follows:-

- Kinnaur : Two each (finish up in working season)
- Shimla : Rampur & Rohru: Three each
Chopal & Sandhu: Two each
- Solan : Nalagarh: Three
Kandaghat: One
Jalana: One to Two
- Sirmaur : Rajgarh: I&II quarter: Two in each month
Third/Fourth quarters one in each month.
Surajpur: Three
- Bilaspur : Ghumarwin: Three. Balance three shall be inspected by DAO Bilaspur.
- Hamirpur : Kitpal: One, achieve target by doing two in any month.
Badsar: One.
- Una : Amb: First five months of financial year: Three each
Remaining seven months: Two each.
- Kangra : Dehra: Three. Remaining 14 will be inspected by DAO, Kangra.
Purana Kangra } Three each in April, May, Sept.
Kandwal } and October. Two each in
Raja-Ka-Talab } remaining months.
Nachir Bandla: From April to November. Three in each month. December to February: Two each month:
Remaining in March.
Tarra: Two to three each month.
Balakrupi: One to two each month.

- Chamba : Tunuhatti: One. He shall also do eight in the area of DAO to reduce burden of DAO.
Killar: One (should finish in working season).
Bharmaur: Two, should finish in working season.
Tundi: One
Bhanjraru: One to Two.
- L&S : One (should finish up in working season).
- Kullu : Katrain & Banjar: One each.
Ani: Two.
- Mandi : Chail-Chowk & Sarkaghat: Three each month in I&II quarter in II & IV quarter .Two each month.
Sunder Nagar, Joginder Nagar: Two each month.
Karsog: Two (should avoid winter).

Note: The targets are to the minimum in a month. However, cumulative target of year must be achieved by doing extra where-ever required.

3. The inspection reports of Ayurvedic/Homoeopathy/Unani/Amchi Health Centres must be in the proforma devised for such inspections and must reach office of Director Ayurveda before Tenth of next of the inspecting month. The report must be e-mailed, faxed as well as sent through dak.

The Sub Divisional Ayurvedic Medical Officers shall simultaneously submit the report to the District Ayurvedic Officers as well. The District Ayurvedic Officers shall prepare comment on each report sent by SDAMOs and send the comments to Director Ayurveda. Where-ever short- comings are found during the report. The SDAMO/DAO shall initiate corrective measures forthwith.

4. A register of inspection must be opened in each institution which shall be a permanent record. Salient features of shortcomings/deviations which require compliance of the staff of the particular institution must also be recorded in that register. This register must be checked and written in every subsequent inspections.

5. Every institution must have telephone Nos./mobiles/e-mails of Director/District Ayurvedic Officer/ Sub Divisional Ayurvedic Medical Officer/ Ayurvedic Medical Officer/Pharmacist written in conspicuous place. The number must be updated with change of any number.

6. **Inspection of Hospitals.**

The District Ayurvedic Officers must carry out detailed annual inspection of one hospital each in their jurisdiction. The inspection shall touch all points as shown in the proforma of health centres. In addition IPD must be dealt in detail, in respect of month/ year/age-group/disease-wise comparative chart of patients, indoor facilities relating to beds, toilets, food, kitchen, panchkarma. Accounts of the hospital/RKS must be discussed in detail and irregularity/misappropriation must be dealt with under separate heading. While dealing with any kind of deviation, irregularity or misappropriations, persons responsible for the same must be clearly mentioned by name & designation along-with the extent of responsibility.

This inspections must be carried out before September every year (except in financial year 2010) and last report should reach the office of Director Ayurveda on or before 10th of October of the year of inspection. The report should be e-mailed, faxed and also sent through dak. Hospitals shall be rotated each year for inspection in English alphabetical order.

7. **Inspection of the Office of the Sub Divisional Ayurvedic Medical Officer.**

Detailed inspection of the office of the Sub Divisional Ayurvedic Medical Officer shall be carried out by the District Ayurvedic Officer. One office of the Sub Divisional Ayurvedic Medical Officer shall be selected by the respected District Ayurvedic Officer in English alphabetic order and such inspection should be rotated in that order in the subsequent years. The period of inspection must be preceding five financial years from the year of inspection or the last inspection which ever is less/after. The detailed inspection shall include inter alia, establishment matter, cash and accounts, purchase & procurement, stock & store, material & supplies, monitoring & control

mechanism of the SDAMOs office, inspection required and actually done, audit/CAG/PAC paras, grievance redressal mechanism, utilization of central/state funds, civil works, any serious irregularities, mis-utilisation/misappropriation, planning and budget/expenditure control.

In the Tribal and Hard Area inspection of Sub Divisional Ayurvedic Medical Officer's office must be conducted during the first quarter of financial year and in the remaining areas by third quarter of the year.

8. **Unscheduled random (surprise) inspection**

Each District Ayurvedic Officer and Sub Divisional Ayurvedic medical Officer shall do surprise inspection of one institution in each month. Inspection report should be made in the given format. The report must be e-mailed, faxed and sent by dak as well within three days of the inspection. The general and surprise inspections shall not coincide. The inspection must be rotated to all sub divisions and far flung areas of the sub division (as the case may be) in proportion to the number of institutions generally. Far flung and remote areas shall be given priority. The institution which has complaint must be given visit as soon as possible. Salient features of inspection must be recorded in the register of inspection kept in the Institution. Where there is deficiency/shortcoming/deviation, corrective measures must be initiated without loss of time.

9. The inspections/reports are part of performance and efficiency of the District Ayurvedic Officer/Sub Divisional Ayurvedic Medical Officers and shall be kept in view while assessing their performance. Any short fall in target shall be treated not only as deficient and inefficiency but also disobedience of lawful order and a grave misconduct. The institutions in the state will also be inspected by the senior officers of the Directorate, including the Director. Generally such inspections will be aimed at cross-checking the inspections done by SDAMO/DAO. Therefore, the SDAMO/DAO are advised to be very careful, diligent, unbiased and meticulous while preparing the reports. Mal-reporting, deficient reporting, in- evasive reporting and/or incorrect reporting shall be treated a case of deliberate and conscious misconduct and dealt with accordingly. Any delay beyond prescribed date shall be treated a case of non-report/non-inspection.

10. Where the DAO/SDAMOs are on leave/absent for more than a week, charge be given to another officer. Such another officer shall carry out the targeted inspection of the sub division/district of which he has taken over the charge, in addition to is own duties. No post of SDAMO should be kept without charge. The District Ayurvedic Officer must ensure that the Ayurvedic Medical Officer for whom it is convenient and who is senior most or fairly senior should look after the charge of SDAMO during the period when no SDAMO is posted or when the SDAMO is on leave/absent exceeding a week. No District Ayurvedic Officer should proceed on leave unless arrangement for substitute has been made. The substitute of District Ayurvedic Officer shall function as de facto & de jure District Ayurvedic Officer for the purpose of inspections.

11. For the financial year 2010-11 the inspections under this order for Ayurvedic/Homoeopathic/Unani/Amchi health centre shall start from first of November, 2010 and achievement shall be assessed on the basis of minimum monthly targets. All District Ayurvedic Officers shall inspect one hospital each during the left out period of financial year 2010-11.

Encl: Inspection Proformas

Sd/-
**Director Ayurveda,
Himachal Pradesh.**

Endst. No. Ayu.(H)(Inspection)/

Dated: Shimla-171009, 25th October, 2010.

Copy along-with copies of formats to:-

1. The Principal Secretary (Ayurveda) to the Government of H.P., Shimla-2.
2. The Addl. Director/Asstt. Director-I/II, OSDs/Supdt Inspection.

Sd/-
**Director Ayurveda,
Himachal Pradesh.**

**DEPARTMENT OF AYURVEDA
HIMACHAL PRADESH**

**FORM OF GENERAL INSPECTION OF AYURVEDIC
HEALTH INSTITUTIONS**

District _____

1. PRELIMINARY

- 1.1 Name and designation of Inspecting Officer. :
- 1.2 Date of joining the present assignment. :
- 1.3 No. of Inspections already carried out in District/Sub Division (as the case may be) in the present financial year. :
- 1.4 Date of present Inspection :
- 1.5. Is the record/register of Inspection maintained? :
- 1.6 Date of last inspection :
- 1.7 Name and designation of officer who made last inspection. :
- 1.8 Whether the discrepancy pointed out in the last/previous inspections have been removed or not? :
- 1.9 If yes, exact details. :
- 1.10 If not exact details including period of unattended observations. :

2. ABOUT INSTITUTION

- 2.1 Date of Notification of creation/up-gradation. :
- 2.2 Date of initiation of functioning on Creation/up-gradation. :

- 2.3 Whether the institute falls in notified difficult/backward area (mention the area) :
- 2.4 Full address of location (including Post Office, Tehsil & Ayurvedic Sub Division). :
- 2.5 Distance from road. :
- 2.6 Distance from Tehsil HQ. :
- 2.7 Distance from Ayurvedic Sub Divisional HQ. :
- 2.8 Distance from District HQ. :
- 2.9 Is the sign board of institution fixed in conspicuous place? :
- 2.10 Are the telephone No. of Director, DAO, SDAMO, AMO & Pharmacist Mentioned? :
- 2.11 Is the suggestion/information box Maintained? :
- 2.12 Details and distance of nearest Allopathic institution. :

3. PRELIMINARY INFORMATION/FINDINGS:

- 3.1 Names and designations of officials present. :
- 3.2 Names and designations of officials absent. :
- 3.3 Period of absence in each case. :
- 3.4 Names and designations of officials on leave. :

- 3.5 Period of leave in each case. :
- 3.6 Was the leave sanctioned in each case?
(if leave not sanctioned it should be taken
as absence irrespective of the fact that
the applications have been kept/submitted) :
- 3.7 Do the officials generally proceed on
leave after having it sanctioned or
after simply submitting application
or after verbal clearance from
controlling/leave sanctioning authority. :
- 3.8 Were there patients waiting for their
Turn? Did you interact with the patients?
What are their views about services of
Institution ?. :
- 3.9 Did you interact with any Panchayati
Raj Institutions representatives? If yes,
What is the view held as regards the
services of the Institution ? Brief
particular of PRI member. :
- 3.10 Are the National Programmes under-
taken by the staff? Give details. :
- 3.11 Is the staff taking interest in other works
of the Department like construction
of building etc.? If yes, give details. :
- 3.12 Is the factum of leave mentioned in the
attendance as well as leave register? :
- 3.13 Are there instances of officials
proceeding on leave by simply writing
applications and keeping them in the
institution and on joining back marking
attendance? :
- 3.14 Are the attendance/leave register
maintained properly. :
- 3.15 Any cutting or overcutting or
overwriting or unmarked attendance. :

- 3.16 Were there any leave application found-
give details. :
- 3.17 If doctor/pharmacist etc. are not
Posted, is there any alternate
arrangement made? :
- 3.18 If yes, is the arrangement working
effectively? :
- 3.19 Give details as to the days the doctor/
pharmacist etc. under alternate
arrangement are attending this
Institution. :
- 3.20 Any other observations :

4. STATUS OF BUILDING/ACCOMMODATION.

- 4.1 Government/rented/donated/rent free. :
- 4.2 Accommodation available (number of
rooms/hall with tentative size, toilets,
baths, open space etc.) :
- 4.3 Whether accommodation is adequate
or inadequate. :
- 4.4 If inadequate, extent of inadequacy. :
- 4.5 Condition of building. :
- 4.6 Access/path to building. :
- 4.7 If it requires repairs/renovation/
refurbishment, has the case been
moved – give details if moved and
amount estimated (only in case of
Govt. building) :
- 4.8 Does the building has natural light
and air. :
- 4.9 In case rented name and address
of owner. :

- 4.10 Amount of rent. :
- 4.11 Period for which rent is due. :
- 4.12 Is water supply available inside the building, give details of taps and their location. :
- 4.13 If water supply is not available inside building, give details how it is managed : :
- 4.14 Are toilets/bath available, give details along-with the tentative size. :
- 4.15 Is electricity available? :
- 4.16 If yes, give details of bulbs, tubes, heating points. :
- 4.17 Month-wise bills of electricity for the last 12 months preceding inspection. :
- 4.18 Is the accommodation neat and tidy? :
- 4.19 In case Govt. building year of its construction. :

5. IN CASE THERE IS NO GOVERNMENT BUILDING

- 5.1 Whether the land is available? :
- 5.2 If yes, mention Khata/Khatauni No., Khasara No. area and location. :
- 5.3 Land how and when acquired. :
- 5.4 Is the land in the possession of department free of any encroachment or encumbrance ? :
- 5.5 If land not available, what efforts have been taken by the DAO/SDAMO/AMO to locate/ transfer land? Give details and latest position. :
- 5.6 Whether funds have been sanctioned for the building? :
- 5.7 If yes, mention date of sanction, head of account and year-wise amount. :
- 5.8 Estimated amount of the construction. :

- 5.9 Name of executing agency. :
- 5.10 If the amount has not been sanctioned, efforts made by DAO/SDAMO/AMO to secure funds be mentioned in detail. mention latest position. :
- 5.11 Is the building under construction? :
- 5.12 If yes, mention date of sanction, head of account, year-wise amount sanctioned. :
- 5.13 Date of start of construction. :
- 5.14 Name of executing agency. :
- 5.15 Total amount deposited with executing agency till the date of inspection. :
- 5.16 Estimated cost. :
- 5.17 Name and address of contractor. :
- 5.18 Physical achievement. :
- 5.19 Expenditure made. :
- 5.20 Kind of checks exercised by DAO/SDAMO/AMO. Give exact details with proof. :

6. FURNITURE/FIXTURE

- 6.1 Number of Tables (with type) :
- 6.2 Number of Chairs (with type) :
- 6.3 Stools :
- 6.4 Examination table. :
- 6.5 Refrigerator :
- 6.6 Others. :
- 6.7 Mention date, source, manner of procurement and book value of each item. :

- 6.8 Mention condition of each available item. :
- 6.9 Is the furniture/fixture sufficient? If not, mention the extent of deficiency. :
- 6.10 Is the stock register of such material maintained? :
- 6.11 Does the furniture/fixture and other store find mention in the stock register? :
- 6.12 Is there any unserviceable/junk material in the institution – how, when and since when it is kept and why it has not been disposed off? :
- 6.13 Date when the unserviceable item were condemned/disposed off/auctioned last? Mention item condemned/auctioned. :

7. PERSONNEL.

- 7.1 Name(s) of AMO(s) :
- 7.1.1 Date of joining the present institution :
- 7.1.2 Area of specialization (mention course/training). :
- 7.1.3 Absence/leave during posting in the present institution.
(restrict the period to the financial year of inspection and preceding two years of period if stay is more) :
- 7.1.4 Present place of residence :
- 7.1.5 Distance of present place of Residence from the health institution. :
- 7.1.6 observance of;
i) Punctuality :

- ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :

- 7.2 Name of Pharmacist :
- 7.2.1 Date of joining the present assignment :
 - 7.2.2 Absence/leave during such assignment (restricted to two preceding financial year and the year of inspection) :
 - 7.2.3 Present place of residence :
 - 7.2.4 Distance of present place of residence from the health institution. :
 - 7.2.5 Observance of;
 - i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :

- 7.3 Name of Staff Nurse :
- 7.3.1 Date of joining the present assignment :
 - 7.3.2 Absence/leave during stay here (restrict to two preceding financial year and the year of inspection) :
 - 7.3.3 Present place of residence :
 - 7.3.4 Distance of present place of residence from the health institution. :
 - 7.3.5 Observance of;
 - i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :

- 7.4 Name of ANM :
- 7.4.1 Date of joining the present institution :

- 7.4.2 Absence/leave during stay here
(restrict to two preceding
financial year and the year of
inspection) :
- 7.4.3 Present place of residence :
- 7.4.4 Distance of present place of
residence from the health
institution. :
- 7.4.5 Observance of;
 - i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :
- 7.5 Name of Class-IV/Sweeper :
- 7.5.1 Date of joining the present
institution :
- 7.5.2 Absence/leave during stay here
(restrict to two preceding
Financial year and the year of
inspection) :
- 7.5.3 Present place of residence :
- 7.5.4 Distance from present place of
posting :
- 7.5.6 Observance of;
 - i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :
- 7.6 Others:
 - 7.6.1 Please mention five point
information about others if
more than above mentioned
personnel are posted. :
 - 7.6.2 Observance of;
 - i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :

7.6.3 Category wise staff position

S.N.	Category	Sanctioned Strength	In position (mention on contract or regular or daily wager/ Part time)	Vacant	Since when There is vacancy	remarks
1.	AMO/Amchi/ Homoeopathy/Unani Doctor					
2.	Pharmacist					
3.	Staff Nurse					
4.	ANM/Midwife					
5.	Class-IV					
6.	Others (mention each category)					

8 MEDICAL CERTIFICATES;

8.1 How many Medical Certificates were issued to employees during last financial year. :

8.2 How many have been issued in the financial year of inspection. :

8.3 How many of them are for more than seven days. :

8.4 Give details of Medical Certificates issued for more than seven days in separate sheet in the following format: :

S.N.	Name and Department of employee in whose favour issued.	Period	Name of A.M.O. who has issued it.
1.	2.	3.	4.

9. OPD

9.1 Is the proper record maintained? :

9.2 For how long it is available. :

9.3 Is the record available in continuity :

9.4 Condition of record/register. :

9.5 Barring the period of Sundays/Holidays mention the period/days in which no OPD was held as per record (restrict the information to three years preceding to financial year of inspection plus financial year of inspection) :

- 9.6 Are the names, age, percentage, exact place of residence of patients clearly mentioned? :
- 9.7 Are the names of some patients repeatedly recorded? :
- 9.8 What are general achievements? :
- 9.9 What are the ailments which may require special attention of the department. :
- 9.10 Mention other salient features/ Discrepancy of record. :
- 9.11 How are the emergencies tackled? :
- 9.12 Is the AMO/Staff easily available for emergency? :
- 9.13 Mechanism by which the AMO/staff are contacted/called in emergency. :
- 9.14 Mention any specific examples of manner & in which the AMO/staff have responded to emergencies in recent times. :
- 9.15 Month-wise number of OPD for the last three financial years preceding the year of inspection be given in separate sheet. :
- 9.16 Month-wise number of OPD during the financial year of inspection up to the date of inspection be given in separate sheet. :
- 9.17 Is there declining trend in the OPD :
- 9.18 If yes, broad reasons. :
- 9.19 Where it is a failure on the part of employees, specific responsibility be fixed. :

- 9.20 Suggestion for improvement of OPD. :
- 9.21 Is there substantial increasing trends in the OPD. :
- 9.22 If yes, factors which led to such increase.:
- 9.23 Suggestion for sustenance of such increase. :
- 9.24 Age profile of outdoor patients(age group); Give report of the quarter of financial year immediately before the date of inspection. (for example, if inspection is done in December the information be given for Quarter ending September.)
- i) 0-5 Years :
- ii) 5-16 Years :
- iii) 16-45 Years :
- iv) 45-60 Years :
- v) 60 Years and above :
- 9.25 Status of Outdoor Patients during the quarter of financial year immediately before the date of inspection (for example, if inspection is done in August, the information be given for quarter ending June) :
- a) Ayurveda
- Total number of patients registered in Kayachikitsa. :
 - Total number of patients registered for Panchkarma. :
 - Total number of patients registered for Shalya. :
 - Total number of patients registered in Stree Roga. :
 - Total number of patients registered in Kaumaryabhrit. :
 - Total number of patient registered in other OPD. :
- b) Unani
- Total number of patients registered for Moalijat. :

- Total number of patients registered for Jarahat. :
- Total number of patients registered for Amraz Ain Anf Halq. :
- Total number of patients registered for Amraz Niswan. :
- Total number of patients registered for Tahafuzi Samaji Tib. :
- Total number of patients registered for Amraz Atfal. :
- Total number of other OPD. :

c) Homoeopathy

- Total number of patients registered for medicine. :
- Total number of patients registered for Surgery. :
- Total number of patients registered for Obstetrics and Gynecology. :
- Total number of other OPD. :

d) Amchi

- Total number of patients registered for Lus treatment. :
- Total number of patients registered for Jipa treatment. :
- Total number of patients registered for Monad. :
- Total number of patients registered for Tson Treatment. :
- Total number of patients registered for Don treatment. :
- Total number of other OPD. :

10. STORE

I. MEDICINES

- 10.1 Are the stock and distribution register and other required record maintained. :
- 10.2 Are the registers/record updated? :
- 10.3 If not updated, mention dates in each case after which entries are not maintained. :

10.4 Is there general shortage of medicines? :

10.5 If yes, mention reason for shortage, period of shortage and efforts made at each level for replenishment. :

10.6 Are the medicines supplied in congruence with the general diseases in the area? :

10.7 If not, please render your suggestions. :

10.8 Give stock-position of medicines in separate sheet in the following format. :

Annexure-‘A’

Stock Position of Medicines-Pharmacies

Stock Last received from Government Pharmacies (mention date and manner of receipt)

S.No.	Name of Medicines	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

and so on.....

10.9 Book value of stock received. :

10.10 Cumulative position of medicines relating to Pharmacies on the date of receipt of medicines from pharmacies :

S.No.	Name of Medicines	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

and so on.....

10.11 Balance stock on the date of inspection with regard to medicines from Government Pharmacies. :

S.No.	Name of Medicines	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

and so on.....

10.12 Does the physical stock as on the date of inspection match the stock on record. :

10.13 If not, give details of medicines quantity wise(plus or minus). :

10.14 Details of medicines along-with dates which were destroyed as expired with in two preceding financial years plus during the financial year of inspection. (file in separate sheet) :

10.15 Is the record of destruction maintained? :

10.16 Give details of medicines quantity wise kept on stock but found expired on the date of inspection (in separate sheet) :

10.17 Broad reasons for expiry. :

10.18 Book value of expired medicines destroyed as well as on stock (separately). :

10.19 Other sources;

10.19.1 Date of medicines last received
from the sources other than
Government pharmacies. :

10.19.2 Manner of receipt of such
medicines. :

10.19.3 Stock received :

S.No.	Name of Medicines	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

and so on.....

10.19.4 Book value of stock received. :

10.19.5 Cumulative stock position of
medicines received from sources
other than pharmacies on the
date of last receipt of stock :

S.No.	Name of Medicines	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

and so on.....

10.19.6 Balance stock on the
date of inspection. :

S.No.	Name of Medicines	Quantity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

and so on.....

- 10.20 Does the physical stock as on date of inspection match the stock on record. :
- 10.21 If not, medicine wise details of discrepancy be mentioned. (in separate sheet) :
- 10.22 Date wise details of expired medicines destroyed during the last two preceding financial years of the year of inspection plus during the year of inspection till the date of inspection (in separate sheet) :
- 10.23 In case record of destruction is not maintained, reasons therefore. :
- 10.24 Give details of expired drugs kept on Stock on the date of inspection. (in separate sheet) :
- 10.25 Broad reasons for expiry. :
- 10.26 Book value of expired medicines Destroyed & on stock (separately). :

II. STOCK OF EQUIPMENTS

(Give details in separate sheet in annexure-‘B’).

Annexure-‘B’

10.II.1 Equipments necessarily required :

S.N.	Name of Equipments	Available/ not available	Sources, manner & date of acquisition	Model/ make	Obsolete/ Current	Remarks
1						
2						
3						
4						
5						
6						
7						
8						

and so on.....

- 10.II.2 Is the stock record of equipments Maintained and updated? :
- 10.II.3 Are they properly issued to officials? :
- 10.II.4 Any other comment. :

11. DIARY/DESPATCH/REPORTS/RETURNS/PUCs

11.1 Are the diary and despatch register maintained ? :

11.2 Is the dak properly registered and dispatched? :

11.3 If not, please give details of deviations. :

11.4 Details of reports/returns which the institution has to file to various quarters. :

11.5 Details of returns/reports which have not been filed at all and which have not been filed on time. Reasons for not filing/delay. :

11.6 How many references were found pending in the institution? Give date of receipt of each reference. :

11.7 What are the other pendency's. :

12. GENERAL

- 12.1 Is the salaries of staff taken through Bank or in cash? :
- 12.2 If in cash who collects and distributes it – how the receipts are taken. :
- 12.3 Cash in hand with the institution on the date of inspection – give details. :
- 12.4 Give details of amount, period, purpose etc. of MR/TA/DA claimed by each official for two years preceding or the date of joining of officials whichever is earlier from the date of inspection and in the financial year of inspection. :
- 12.5 Give details of pendency of MR/TA & DA in case of each official. :
- 12.6 Give details of pendency of salary/emoluments/other dues in case of officials on the date of inspection. :
- 12.7 Manner of getting/sending dak/communications. :
- 12.8 Details of other record/files maintained. outcome of inspection of such record. :
- 12.9 Is/was there any complaint relating to institution/employees? :
- 12.10 Content and nature of complaint and its veracity and manner of its disposal be mentioned. :

13. TREATMENT

13.1 After studying the prescriptions, please make your detailed comments. :

13.2 Are generally the prescribed medicines available in the store? :

13.3 Extent of Allopathic medicines generally prescribed vis-à-vis Ayurvedic/Homoeopathic/Unani/Amchi medicines. Please comment whether such prescription is substantial or with-in reasonable limit. :

13.4 Please mention how and from where the patients get medicines which are not in stock or which are Allopathic medicines. :

14. GENERAL OBSERVATION;

- Mention in detail serious/lapses, shortcoming in the functioning of the institution (This includes any irregularity, misappropriation, long unauthorized absence of employees, tampering of record or maintaining false record, false claims, non-maintenance of record, pendency of dak, disobedience of order, general decline in OPD/IPD, lack of co-ordination among the staff, malfunctioning, any omission or commission leading to damage to the image of the Government/Department or annoyance/harassment to public/patients, lack of professionalism, depriving people of quality service/material/medicines etc

15. OVERALL ASSESSMENT

- Give general observation and overall assessment of the working of the institution in less than hundred words.

Signature of Inspecting Officer:_____

Full Name:_____

Designation:_____

DEPARTMENT OF AYURVEDA HIMACHAL PRADESH

FORM OF UNSCHEDULED RANDOM (SURPRISE) INSPECTION OF AYURVEDIC HEALTH INSTITUTIONS

(The purpose of the unscheduled visit is to assess and monitor the services and medicines being provided to the population in pursuance of the responsibilities of the State to provide healthcare to the public. Therefore, the officers making unscheduled visit should elicit the regularity, quality and quantity of health care services and material being provided to the people by the health centre. He shall also gauge the satisfaction level of the people and cursorily evaluate as to whether the health care centres has achieved the target and purpose of providing quality and satisfactory health care services and materials.

District _____

1. PRELIMINARY

- 1.1 Name and designation of Inspecting Officer. :
- 1.2 Date of joining the present assignment. :
- 1.3 No. of Inspections already carried out in District/Sub Division (as the case may be) in the present financial year. :
- 1.4 Date of present Inspection :
- 1.5. Is the record/register of Inspection maintained? :
- 1.6 Date of last inspection :
- 1.7 Name and designation of officer who made last inspection. :
- 1.8 Whether the discrepancy pointed out in the last/previous inspections have been removed or not? :
- 1.9 If yes, exact details. :
- 1.10 If not' exact details including period of unattended observations. :

- 1.11 Were there patients waiting for their Turn? Did you interact with the patients? How do they hold the institution for services? :
- 1.12 Did you interact with any representative of Panchayati Raj Institutions? If yes, his particulars? What is his opinion about the institution. :
- 1.13 Are the National Programmes undertaken by the staff? Give details. :
- 1.14 Is the staff taking interest in other works of the Department like civil works, preventive health care? If yes, give details. :

2. ABOUT INSTITUTION

- 2.1 Full address of location (including Post Office, Tehsil & Ayurvedic Sub Division). :
- 2.2 Distance from road. :
- 2.3 Distance from Tehsil HQ. :
- 2.4 Distance from Ayurvedic Sub Divisional HQ. :
- 2.5 Distance from District HQ. :
- 2.6 Is the sign board of institution fixed in conspicuous place? :
- 2.7 Are the telephone No. of Director, DAO, SDAMO, AMO & Pharmacist Mentioned? :

3. PRELIMINARY INFORMATION/FINDINGS

- 3.1 Time of your reaching the institution. :

- 3.2 Was the staff aware of your visit? :
- 3.3 Names and designations of officials present. :
- 3.4 Names and designations of officials absent. :
- 3.5 Period of absence in each case. :
- 3.6 Names and designations of officials on leave. :
- 3.7 Period of leave in each case. :
- 3.8 Was the leave sanctioned in each case?
(if leave not sanctioned it should be taken as absence irrespective of the fact that the applications have been kept/submitted) :
- 3.9 Do the officials generally proceed on leave after having it sanctioned or after simply submitting application or after verbal clearance from controlling/leave sanctioning authority. :
- 3.10 Were there patients waiting for their Turn? Did you interact with the patients? What are their views about services of Institution ?. :
- 3.11 Did you interact with any Panchayati Raj Institutions representatives? If yes, What is the view held as regards the services of the Institution ? Brief particular of PRI member. :

- 3.12 Are the National Programmes undertaken by the staff? Give details. :
- 3.13 Is the staff taking interest in other works of the Department like construction of building etc.? If yes, give details. :
- 3.14 Is the factum of leave mentioned in the attendance as well as leave register? :
- 3.15 Are there instances of officials proceeding on leave by simply writing applications and keeping them in the institution and on joining back marking attendance? :
- 3.16 Are the attendance/leave register maintained properly. :
- 3.17 Any cutting or overcutting or overwriting or unmarked attendance. :
- 3.18 Were there any leave application found-give details. :
- 3.19 If doctor/pharmacist etc. are not Posted, is there any alternate arrangement made? :
- 3.20 If yes, is the arrangement working effectively? :
- 3.21 Give details as to the days the doctor/ pharmacist etc. under alternate arrangement are attending this Institution. :
- 3.22 Any other observations :

4. STATUS OF BUILDING/ACCOMMODATION.

- 4.1 Government/rented/donated/rent free. :
- 4.2 Accommodation available (number of rooms/hall with tentative size, toilets, baths, open space etc.) :
- 4.3 Water/Electricity available or not. :

5. FURNITURE/FIXTURE

- 5.1 Number of Tables (with type) :
- 5.2 Number of Chairs (with type) :
- 5.3 Stools :
- 5.4 Examination table. :
- 5.5 Refrigerator :
- 5.6 Others. :

6. PERSONNEL.

- 6.1 Name(s) of AMO(s) :
 - 6.1.1 Date of joining the present institution :
 - 6.1.2 Area of specialization (mention course/training). :
 - 6.1.3 Absence/leave during posting in the present institution. (restrict the period to the financial year of inspection and preceding one years of period if stay is more) :
 - 6.1.4 Present place of residence :
 - 6.1.5 Distance of present place of Residence from the health institution. :
 - 6.1.6 observance of;
 - i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :
- 6.2 Name of Pharmacist :
 - 6.2.1 Date of joining the present assignment :
 - 6.2.2 Absence/leave during such assignment (restricted to one preceding financial year and the year of inspection) :

- 6.2.3 Present place of residence :
- 6.2.4 Distance of present place of residence from the health institution. :
- 6.2.5 Observance of;
 - i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :
- 6.3 Name of Staff Nurse :
- 6.3.1 Date of joining the present assignment :
- 6.3.2 Absence/leave during stay here (restrict to one preceding financial year and the year of inspection) :
- 6.3.3 Present place of residence :
- 6.3.4 Distance of present place of residence from the health institution. :
- 6.3.5 Observance of;
 - i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :
- 6.4 Name of ANM :
- 6.4.1 Date of joining the present institution :
- 6.4.2 Absence/leave during stay here (restrict to one preceding financial year and the year of inspection) :
- 6.4.3 Present place of residence :
- 6.4.4 Distance of present place of residence from the health institution. :
- 6.4.5 Observance of;
 - i) Punctuality :

- ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :
- 6.5 Name of Class-IV/Sweeper :
- 6.5.1 Date of joining the present institution :
- 6.5.2 Absence/leave during stay here (restrict to one preceding Financial year and the year of inspection) :
- 6.5.3 Present place of residence :
- 6.5.4 Distance from present place of posting :
- 6.5.6 Observance of;
- i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :

6.6 Others:

- 6.6.1 Please mention five point information about others if more than above mentioned personnel are posted. :

- 6.6.2 Observance of;
- i) Punctuality :
 - ii) Regularity :
 - iii) Rules and instructions :
 - iv) Professional ethics :

6.6.3 Category wise staff position

S.N.	Category	Sanctioned Strength	In position (mention on contract or regular or daily wager/ Part time)	Vacant	Since when There is vacancy	remarks
1.	AMO/Amchi/ Homoeopathy/Unani Doctor					
2.	Pharmacist					
3.	Staff Nurse					
4.	ANM/Midwife					
5.	Class-IV					
6.	Others (mention each category)					

7. OPD

- 7.1 Is the proper record maintained? :
- 7.2 For how long it is available. :
- 7.3 Is the record available in continuity :
- 7.4 Condition of record/register. :
- 7.5 Are the names, age, percentage, exact place of residence of patients clearly mentioned? :
- 7.6 What are the ailments which may require special attention of the department. :
- 7.7 How are the emergencies tackled? :

- 7.8 Is the AMO/Staff easily available for emergency? :
- 7.9 Mechanism by which the AMO/staff are contacted/called in emergency. :

- 7.10 month-wise number of OPD for the last one financial years preceding the year of inspection be given in separate sheet. :
- 7.11 Month-wise number of OPD during the financial year of inspection up to the date of inspection be given in separate sheet. :
- 7.12 Is there declining trend in the OPD :
- 7.13 If yes, broad reasons. :

8. STORE

- 8.1 **MEDICINES**
 - 8.1.1 Are the medicines available? :
 - 8.1.2 Is there any general shortage? :

8.2 EQUIPMENTS

8.2.1 Are the equipments available? :

8.2.2 Mention shortages. :

9. MEDICAL CERTIFICATES

9.1 How many Medical Certificates were issued to employees during last financial year. :

9.2 How many have been issued in the financial year of inspection. :

9.3 How many of them are for more than seven days. :

9.4 Give details of Medical Certificates issued for more than seven days in separate sheet in the following format: :

S.N.	Name and Department of employee in whose favour issued.	Period	Name of A.M.O. who has issued it.
1.	2.	3.	4.

10. GENERAL

10.1 Is the salaries of staff taken through Bank or in cash? :

10.2 If in cash who collects and distributes it – how the receipts are taken. :

10.3 Give details of pendency of salary/ emoluments/other dues in case of officials on the date of inspection. :

10.4 Manner of getting/sending dak/ communications. :

10.5 Is/was there any complaint relating to institution/employees? :

10.6 Content and nature of complaint and its veracity and manner of its disposal be mentioned. :

11. TREATMENT

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11.2 Are generally the prescribed medicines available in the store? :

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13. OVERALL ASSESSMENT

- Give general observation and overall assessment of the working of the institution in less than hundred words.

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Full Name:_____

Designation:_____