



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.