



**DESKTOP SURVEILLANCE  
ASSESSMENT  
FOR  
MEDICAL IMAGING SERVICES (MIS)**

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## **PREFACE**

For an accredited Medical Imaging Services (MIS) Centre to maintain its accreditation status, it is mandatory that the MIS Centres continues to comply with the requirements of Accreditation Standards for MIS Centres (1st edition: January 2010), for which NABH conducts mid cycle surveillance. The purpose of on-site surveillance is to verify the continued compliance to the accreditation standards.

Due to pandemic COVID-19 crises and prevailing conditions of lock down announced by Government of India, the on-site assessments of NABH have also come to a halt. In view of the situation, NABH has decided to develop a methodology to verify the continued compliance of the accredited MIS Centres to the applicable standards and the first step towards it is “Desktop Surveillance” wherein the MIS Centres will be required to submit documents as required by NABH.

For the purpose of Desktop Surveillance, the MIS Centre shall provide the information as per this document and the same shall be considered for verifying the continued compliance. The information provided by the MIS Centre shall be evaluated at NABH secretariat and on the basis of this evaluation, decision regarding continuation of accreditation shall be taken.

The MIS Centres are therefore advised to provide the essential information accurately as per the format. Incorrect information provided may lead to adverse decision by National Accreditation Board for Hospitals & Healthcare Providers (NABH).

Note: The format provided for Desktop surveillance is in accordance with 1st Edition of standard. MIS Centres are advised to visit NABH website [www.nabh.co](http://www.nabh.co) regularly for updates on implementation plan of recently released Accreditation Standards for MIS Centre 2<sup>nd</sup> Edition.



**List of abbreviations:**

AERB – Atomic Energy Regulatory Board  
BMW- Bio-Medical Waste  
CAPA-Corrective action preventive action  
DS- Desktop Surveillance  
FA-Final assessment  
HAZMAT- Hazardous materials  
IC- Infection control  
IT-Information technology  
MIS- Medical Imaging Services  
MoU- Memorandum of understanding  
NC -Non-Conformities  
PCB-Pollution control board  
PM-Preventive Maintenance  
PNDT- Pre-Natal Diagnostic Techniques Act, 1994  
PPE- Personal Protective Equipment  
QA-Quality assurance  
RA-Renewal assessment  
RCA- Root cause analysis  
RSO- Radiation safety officer

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**Instruction to fill the Format for Desktop surveillance**

**1. General Information:**

Provide relevant information only.

**2. Status of Non-Conformities (NC's) of previous on-site assessment:**

Mention non-conformities raised in previous on-site assessment along with relevant standard, summary of CAPA and attach evidence of continued compliance in PDF as Annexure.

Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 2.NC.1, DS-2020-Annexure 2.NC.2) DS stands for Desktop Surveillance-2020(year)-Annexure 2 is the number of the title and NC.1 and NC.2 represent Sl. No. of Non-compliance raised during the last onsite assessment.

**3. Management Review Meeting:**

Attach Minutes of the last management review meeting and evidence of improvement action according to minutes in PDF file as Annexure.

Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure 3.1.name of the committee) DS stands for Desktop Surveillance-2020(year)-Annexure 3 is the number of the title and 3.1 represent committee's number & name.

**4. Incident/ Sentinel Events Review:**

Provide the details as per the given table format. Attach action taken in the form of PDF file as Annexure.

Numbering of the annexure should be as per the given example (e.g. DS-2020-Annexure4.1, DS-2020-Annexure 4.2) DS stands for Desktop Surveillance-2020(year)-Annexure 4 is the number of the title and .1 and .2 will represent Incident number.

Note: There is no need of revealing patient's identity, only unique Patient ID will suffice.

**5. Mock Drills:**

Provide details as asked in the given table.

PDF file as Annexure to be attached as per the given example (e.g. DS-2020-Annexure5.1.name of the mock drill) DS stands for Desktop Surveillance-2020(year)-Annexure 5 is the number of the title and 1 represent mock drill number & name.

**6. Details of Internal Audits:**

PDF file as Annexure to be attached of internal audit as per the given example (e.g. DS-2020-Annexure 6.1.name of the audit) DS stands for Desktop Surveillance-2020(year)-Annexure 6.1 represents audit number & name. Provide the details as per the given table format.

PDF file as Annexure to be attached of safety Audit per the given example (e.g. DS-2020-Annexure 6.2. name of the doc) DS stands for Desktop Surveillance-2020 (year)-Annexure 6.2. is the number of the title & table number followed by document name.

**7. Details of Manpower:**

Table: 7.1

Provide details as asked in the given table.

Table: 7.2: PDF file as annexure to be attached as per the given example (e.g. DS-2020- Annexure 7.2.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 7.2 is the number of the table followed by document name.

One personal file of following: (preferably for the new joinees) Personal File Format is given at the end of the document

- 1 Consultants / Residents
- RSO
- 1 Technical staff
- 1 other staff

**8. Details of Training provided to MIS Centre personnel since last assessment:**

Provide the details in Yes/ No or write remarks wherever necessary.

For point 8.7: Training record must include name of training imparted, effectiveness of training & feedback obtained. PDF scanned copies of common training sheets also can be submitted after highlighting the name of the aforementioned employees.

PDF file as annexure to be attached as per the given example (e.g. DS-2020-Annexure 8.7.doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 8.7 is the number serial number of the table followed by document name.

Last one-year training records of the following:

- 1 Consultants / Residents
- RSO
- 1 Technical staff
- 1 other staff

**9. Has there been a change in the following aspects of the MIS Centre operations since last assessment?**

Mention the change in Yes/No as per the given table format, in case the answer is 'Yes' give the details of the changes and PDF file as annexure to be attached for example (e.g. DS-2020-Annexure 9.1.doc) DS stands for Desktop Surveillance-2020(year)-Annexure 9 is the number of the title and 1 represents serial number followed by the document name.

**10. Statutory Compliances**

Mention the details as per the given table format and PDF as annexure to be attached against each license for example (e.g. DS-2020-Annexure 10.1. license name, DS-2020-Annexure 10.2. license name ) DS stands for Desktop Surveillance-2020(year)-Annexure 10 is the number of the title and 1 and 2 represent legal document number followed by the name of the license.

## **11. Geotagged photographs with timestamp**

MIS Centre is required to attach the geotagged and time stamp photos of various areas as per the given table against each row. For example, (e.g. DS-2020-Annexure 11.1. photo name) DS stands for Desktop Surveillance-2020(year)-Annexure 11.1 is the serial number followed by the name of the photograph.

- Photographs to be less than 3 MB in jpg format with good resolution
- For geotagged & timestamp:  
Open 'Camera' App-Head to the 'Settings' of the camera App-Look for the 'time stamp on photos'/'Location tag'/'Save location' option and enable it depending on your OS version.
- 'GPS Map Ca' App can be used for Geotagging (Can be downloaded and installed from android play store app)

## **12. Equipment:**

Provide the information as per the given table.

In case of condemnation of equipment conducted by MIS Centre, latest report along with their communication to AERB & PNDT (Attach evidence in PDF)

## **13. Details of patient complaints**

Provide the information as per the given table.

PDF file as annexure to be attached of Complaint redressal, as per the given tabular column, in the last 6 months (to a maximum of 3) for example (e.g. DS-2020-Annexure 13. doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 13 is the number of the title followed by document name.

## **14. Quality Assurance Programme**

PDF as annexure to be attached against each given department for example (e.g. DS-2020- Annexure 14.1. doc name) DS stands for Desktop Surveillance-2020(year)-Annexure 14.1 is the number of the title & serial number of the table followed by document name.

## **15. Diagnostic Support Services:**

PDF file as annexure to be attached against each point. For example (e.g. DS-2020-Annexure 15.1 doc name) DS stands for Desktop Surveillance-2020(year)- Annexure 15.1 is the number of the title followed by document name.

## **16. Infection Control**

PDF file as annexure to be attached against each row, for example, (e.g. DS-2020-Annexure 16. doc name) DS stands for Desktop Surveillance-2020(year)- Annexure 16. is the number of the title followed by document name.

**17. Documents/Manuals:**

**Please do not attach complete manuals, only evidence of their review periodically and revision (if any) by MIS Centre to be attached**

PDF file as annexure to be attached against each row of evidence of periodic review of manuals and any amendments since last onsite assessment for example, (e.g. DS-2020-Annexure 17.1 doc name) DS stands for Desktop Surveillance-2020(year)- Annexure 17.1 is the number of the title followed by document name.

**18. Outsourced Services**

Outsourced services declaration to be signed by the Head of the organisation with name, designation, date & place on the letter head of MIS Centre in PDF as DS-2020- Annexure 18. Declaration for outsourced services. DS stands for Desktop Surveillance-2020(year)-Annexure 18 title number followed by document name.

**19. Litigation**

Provide information on litigation if any.

Attachments if any should be submitted in PDF format as DS-2020- Annexure 19. Declaration for outsourced services. DS stands for Desktop Surveillance-2020(year)-Annexure 19 title number followed by document name.

**20. Self-Declarations**

Self - declaration to be signed by the Head of the organisation with name, designation, date & place on the letter head of MIS Centre in PDF as DS-2020-Annexure 20 Self Declaration. DS stands for Desktop Surveillance-2020(year)- Annexure 20 tile number followed by document name.

**21. Details of payment of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year Annual accreditation fee** are mandatory to be provided by MIS Centre without which the desktop surveillance documents will not be processed

**22. Processing fee for Desktop surveillance assessment:** Considering the current difficult times and the burden on the healthcare institutions due to the Covid-19 pandemic, NABH has taken a decision to waive off the processing fee associated with the desktop surveillance assessment for the time being.

**Kindly attach annexure and photograph only where asked for.**

**Annexure documents to be in portable document format i.e.PDF except manpower details where Excel format has to be used**

**Size of the document to be uploaded should be less than 3 MB & size of the photographs should be less than 3MB in jpg format and with good resolution.**



**Information to be furnished by MIS Centre for Desktop Surveillance Assessment**

**1. General Information**

<b>Information</b>	<b>Details</b>
MIS Centre Reference Number	
MIS Centre name	
MIS Centre address	
Accreditation Cycle – Accredited since (mention the year)	
Accreditation Validity Period:	
Previous assessment type: FA/ RA/ Verification/ Focus	
Date of Previous assessment	
Name of Owner/ CEO or equivalent	
Email of Owner/ CEO or equivalent	
Phone No of Owner/ CEO or equivalent	
Name of Accreditation Coordinator	
Email of Accreditation Coordinator	
Phone No of Accreditation Coordinator	
Name of the Radiation Safety Officer	

**2. Status of Non-Conformities (NCs) of previous on-site assessment:**

Status of implementation and monitoring the effectiveness of corrective actions(s) taken on non-conformities raised during previous on-site assessment: *(please provide details in tabular format)*

Sl.	Non-conformities raised during previous on-site assessment	Relevant Standard and corresponding OE	Brief Summary of root cause analysis & corrective actions taken	Evidence of continued compliance of corrective actions to be attached (as on date)
1.				
2.				
3.				
4.				

**3. Management Review Meeting: *(Please attach evidence in PDF)***

- A. Frequency of Management Review Meetings : Monthly/Quarterly/Half-yearly/Annually
- B. Date of Last Management review Meeting :
- C. Agenda of Last Management Review Meeting *(Attach Evidence)*
- D. Minutes of the Last Management Review Meeting *(Attach Evidence)*
- E. Action taken based on the Last Management Review Meeting *(Attach Evidence)*

**4. Incident/ Sentinel Events Review:**

Summary of Incidents/ sentinel events reported and status of their resolutions *(Please provide details in tabular format & attach evidence in PDF)*

Note: It is desirable that the patient's name does not appear in any of the report / document submitted to NABH, only Unique Patient ID will suffice.





List all incidents in last 6 months or last such 10 incidents whichever is lower.

Sl.	Incidents/ sentinel events date	Incidents/ sentinel events details	Category of incident	Investigation findings with root cause analysis & corrective Action	Preventive action plan/ Improvement Plan	Status closed/ CAPA or ongoing
4.1.						
4.2.						
4.3.						
4.4.						
4.5.						

**5. Mock Drills:**

*(Please provide details in tabular format & attach evidence in PDF)*

Sl.	Mock drills	No. of drill conducted since last assessment	Findings and deviations observed	Root cause analysis & Corrective action taken (Yes/No)	Annexure to be attach (raw data, observations & reports)
5.1.	Fire				
5.2.	Cardio-Pulmonary Resuscitation (CPR)				
5.3.	Spill of HAZMAT				
5.4.	Violent patient / relatives				
5.5.	Any other				

**6. Details of Audits:**

*(Number of NCs not closed, number of NCs continuing from the previous internal audit and assessment/ OEs with the same NCs as the previous internal audit/assessment)*

*Please provide details in tabular format & attach evidence in PDF)*

**a. Internal Audits:**

Sl.	Audits	Date of last Audit	Root cause analysis & Corrective action taken (Yes/No)	Annexure to be attached (raw data, observations & reports)
6.1.	Internal Audit as per the policy and frequency decided by the MIS centre			

**b. Safety Audit:**

S. No.	Parameters	Yes/No	Remarks if any & attach evidence
1.	Are radiation protection gears such as lead apron, lead shields, etc. made available in adequate quantity to all the concerned staff.		
2.	Are the lead aprons tested for their integrity and the findings maintained as a record?		
3.	Are the lead aprons stored appropriately?		
4.	Are each staff working within radiation areas provided with his/her own TLD badges?		
5.	Are TLD badges been checked periodically and records maintained?		
6.	Are each staff trained and aware of radiation safety practices?		
7.	Are records of training and evaluation being maintained?		
8.	For MRI, Is MR Safety Checklist filled for every patient?		
9.	Is the Audit of MR Safety checklists done regularly?		
10.	Does the Radiation Safety Officer (RSO) regularly monitor the centre for safety measures?		

**7. Details of Manpower:**

*(Please provide details in tabular format & attach evidence in excel format as given in Instruction to fill in the Format point no. 7)*

**Table 7.1**

A. List of Doctors / Consultants / Residents to be given below:

Sl	Name	Qualification (Graduation/ Post Graduation/ Super specialization)	Full time / Part Time / visiting consultant(s) / Residents	Medical Council of India / State Medical Council Registration Number	Date of joining



B. RSO to be given below:

Sl.	Name	Qualification	Council Registration Number (if any)	Date of recent registration renewal	Date of joining

C. Technical Staff to be given below:

Sl.	Name	Qualification	Council Registration Number (if any)	Date of recent registration	Date of joining	Department

D. Other staff to be given below:

Sl.	Name	Qualification	Department	Date of joining

**Table 7.2**

*(Please attach evidence in PDF format as per the given format at the end of the document)*

Sl.	Personal files details	Attach evidences
	Scanned copies of personal files preferably for the new joinee from the last assessment: (as per given format) 1 Consultants / Residents 1 RSO 1 Technical Staff 1 other staff	

**8. Details of Training provided to MIS Centre staff since last assessment:**

*(Please provide details in tabular format)*

S. No	Parameters	Yes/No	Remarks if any & attach evidence
8.1.	Does the MIS Centre identify training needs of its employees and prepare an annual training plan?		
8.2.	Whether the training plan implemented		
8.3.	Please provide clarifications of lapses in implementation (if any)		
8.4.	Whether the effectiveness of training is evaluated and records are maintained		
8.5.	Has MIS Centre maintained the Induction training records for employees engaged by the MIS Centre in past 1 year?		
8.6.	Record of trainings imparted in past 1 year:  Training record must include name of training imparted, training effectiveness & feedback obtained. Scanned copies of common training sheets also can be submitted after highlighting the name of the aforementioned employees.  - Records pertaining to All categories of employees e.g. consultants/ /, Nursing Staff, Paramedical staff, Non Clinical staff etc. may be included in annex.		
8.7.	Training modules and records for BMW management training		

**9. Has there been a change in the following aspects of the MIS Centre operations since last assessment?**

*(Please provide details in tabular format & attach evidence in PDF if any)*

Sl.		Yes/No	(If yes, give details thereof)
1	MIS Centre Premises		
2	Key MIS Centre Personnel		
3	Legal Status		
4	Ownership		



5	Policies		
6	Scope of services		
7	Top Management		
8	Organogram		

**10. Statutory Compliances**

*(Furnish details of applicable Statutory/ Regulatory requirements the organization is governed by law of land)*

*(Please provide details in tabular format & attach evidence in PDF format)*

Sl.	Name of legal document	Certifying Authority	Authorization / Invoice No	Valid from	Valid upto	Attach (Yes/ No/ Not applicable)	Remarks Lapsed / applied for
	<b>General:</b>						
10.1	Registration from State Health Authority/Clinical Establishment Act						
10.2	Registration under Shops and Commercial Establishment Act						
10.3	PCB Consent to generate BMW						
10.4	MoU with the BMW collecting agency						
10.5	PCB License for Air Pollution						
10.6	PCB License for Water Pollution						
10.7	Authorisation for disposal of Radioactive waste						
10.8	Fire NOC						
	<b>Imaging:</b>						
10.9	PC-PNDT Act Registration						
10.10	Radiation Safety Officer (RSO)						
10.11	AERB Consent for Fixed X-Ray						
10.12	AERB Consent for Mobile X-Ray						
10.13	AERB Consent for Radiography & Fluoroscopy						

10.14	AERB Consent for Dental X-Ray (Hand Held)						
10.15	AERB Consent for Dental X-Ray (Intra Oral)						
10.16	AERB Consent for OPG						
10.17	AERB Consent for CT Scan						
10.18	AERB Consent for Dental Core Beam CT (CBCT)						
10.19	AERB Consent for Mammography						
10.20	AERB Consent for Bone Densitometer (BMD)						
10.21	AERB Consent for Radiotherapy Equipment						
10.22	Brachytherapy Unit						
10.23	Cobalt Unit						
10.24	IMRT						
10.25	Linear Accelerator						
10.26	AERB Consent for Nuclear Medicine Equipment						
10.27	PET CT Scan						
10.28	SPET CT Scan						
	<b>Nuclear Medicine:</b>						
10.29	License to operate Nuclear Medicine Lab						
10.30	License to Procure Radioactive Material (Diagnostic/Therapy)						
10.31	Authorization to Treat Thyroid Cancer Patients Using I-131						
10.32	Authorization to Use Radiopharmaceuticals in Humans						
10.33	Consent for Use of Radioisotopes in Nuclear Medicine						
10.34	License for Nuclear Medicine						
	<b>Radiation Oncology:</b>						
10.35	License to operate Radiation Therapy Department						

10.36	License to Procure Source/radioactive material						
	<b>Pharmacy (if over multiple locations, license for each of them separately)</b>						
10.37	Drugs-Bulk license(s)						
10.38	Drugs-Retail license(s)						
10.39	Narcotic license						
	<b>Miscellaneous:</b>						
10.40	Canteen/ F & B license						
10.41	Ambulance statutory requirements						
10.42	Others If any... 1. 2. 3. 4. 5.						

**11. MIS Centre is required to enclose geotagged photographs with timestamp of the following:**

Sl.	Areas	Photographs
1.	Entrance of the MIS Centre showing name of the MIS Centre	
2.	Display of Scope of services	
3.	Display of patient rights & responsibilities	
4.	Display of Costs / pricing of various tests	
5.	Storage area of Diagnostic Reports & IT	
6.	Storage area of medical cylinder and gas manifold	
7.	Lifts and Lift room	
8.	Water tanks & RO water Plant	
9.	Storage area for BMW	
10.	Storage of the Radioactive drugs	
11.	No smoking signage	
12.	Fire Panel	
13.	Firefighting equipment availability, fire signage's, exit plans	
14.	Radiation Safety Signages	
15.	PNDT Signages for Sex determination	

**12. Equipment:**

A. Please provide details in tabular format

Sl. No.	Name of equipment	Model No., Serial No., Manufacturer	Equipment ID	Status of Equipment  Mention here whether the equipment is in use, is a stand by, is lying unused, etc	Date of installation	PM/Calibration Schedule	PM/Calibration done  Also mention the outcome of the service	Next due date of PM / Calibration

B. Latest report of condemnation of equipment conducted by MIS Centre along with their communication to AERB & PNDT (Attach evidence in PDF)

**13. Details of patient complaints and their redressal, as given below in the tabular column, in the last 6 months (to a maximum of 3)**

Sl.	Complaint	Date	Root cause analysis & corrective action taken (Yes/No)	Status settled/ Unsettled (Yes/No) If yes, date on which it was resolved	Remarks (in case of unsettled complaints)

**14. Quality Assurance Programme**

Latest QA participation report along with root cause analysis & corrective action on deviation (if any)

Sl.	QA Parameters	Attach evidence
1.	Periodic Review of Imaging Protocols and adherence to same	
2.	Periodic review of quality of images	
3.	Peer review of investigation results including Teleradiology	



4.	Periodic review of contents of the test report	
5.	Recall / Amendment of Test reports	
6.	TAT for test Results for routine and urgent test	
7.	Critical Test results reporting	
8.	Feedback Analysis from Patients	
9.	Feedback Analysis from Referrers	
10.	Correlation of Diagnostic test result with clinical diagnosis	
11.	Periodic Calibration and Preventive Maintenance of equipment	
12.	Equipment Break Down Management with down time monitoring	
13.	TLD Badges monitoring	
14.	Adherence to safety precautions by employees working in diagnostics.	
15.	Adverse drug events including contrast extravasations	
16.	Compliance to Hand hygiene practice	
17.	Review of Completeness of Consent forms	

**15. Diagnostic Support Services:**

Sl. No	Topics	Yes/No	If yes, attach evidences & if No, please submit remarks
1	Does the centre have arrangements for sedation / anesthesia when required?		
2	Does the centre have arrangements for clinical support when required?		
3	Does the centre have arrangements for emergency support when required?		

**16. Infection Control**

Sl.	Topics	Attach evidence
1.	Name & designation of Infection Control Officer	
2.	Sharps management protocol	
3.	Tracker for needle stick injury reporting and management	
4.	Any reports of disinfection exposure and CAPA	
5.	Housekeeping audits and CAPA records	
6.	Stock records & monthly consumption data for various PPE components and hand rubs	
7.	Pre and post exposure prophylaxis records of all doctors, Paramedical staff & nurses in last six months	
8.	Copy of periodic reports submitted to regulatory agencies as per BMW management rules 2016 and modifications thereof	
9.	Radiation Safety record as submitted to AERB	



**17. Documents/Manuals:**

Please do not upload the whole manual but only the evidence of periodic review to be attached

Sl.	Evidence of periodic review of Manuals	Attach evidences
1	IC-Infection Control Manual	
2	Safety Manual	
3	Quality Manual / Apex Manual	
4	SOP's for various Diagnostic Tests / Interventional Procedures	

**18. Outsourced Services**

1. Provide the list of all outsourced services
2. Declaration on letter head, duly signed by authorized person of MIS Centre to be submitted

I, \_\_\_\_\_ (MIS Centre's authorized person's name & designation) hereby state that \_\_\_\_\_ (Name of the MIS Centre) has formal valid (as on date) documented agreement (specifying the service parameters & incorporating quality assurance by frequent monitoring) for all the outsourced services listed.

**19. Litigation**

1. Has MIS Centre faced any litigations from the last onsite assessment? Yes/No
2. If yes, provide list and present status of the same.

**20. Self-Declarations (to be submitted on the letter head of MIS Centre, duly signed by Head of MIS Centre)**

1. I hereby declare that ..... (Name of the MIS Centre) is in continued compliance of 1<sup>st</sup> Edition of NABH standards for MIS Centres since last on-site assessment.
2. I also declare that each statement and/or contents and /or documents, certificates submitted as Desktop Surveillance documents are true, correct and authentic. I am aware that any wrong information / declaration given therein may lead to adverse actions by NABH.

**21. Details of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year Annual Accreditation Fee payment by MIS Centre:**

Accreditation Cycle	Details	Application Fees	1 <sup>st</sup> Year Annual Fees	2 <sup>nd</sup> Year Annual Fees	3 <sup>rd</sup> Year Annual Fees
Cycle 1	Amount of Fee paid				
	Date of payment				
	Mode of payment				



	Transaction Reference Number				
	TDS deducted if any				
<b>Cycle 2</b>	Amount of Fee paid				
	Date of payment				
	Mode of payment				
	Transaction Reference Number				
	TDS deducted if any				
<b>Cycle 3</b>	Amount of Fee paid				
	Date of payment				
	Mode of payment				
	Transaction Reference Number				
	TDS deducted if any				

(Signature of Head/ Director/ CEO of MIS Centre)

Name & Designation

Date & Place

**MIS Centre is required to ensure the following enclosures before submitting the checklist**

**List of Enclosures:**

1. Current updated contact details of: owner /consultant/ coordinator
2. Status of Non-Conformities (NC's) of previous on-site assessment
3. Management Review Committee Meeting
4. Incident/ Sentinel Events status
5. Mock Drills status
6. Internal Audits status
7. Updated list of consultants with credentials (Fulltime / part time/visiting/ On call), Updated list of Nurses with credentials, Updated list of RMO with credentials
8. Training Data
9. Change in scope of services, MIS Centre Premises, Key Personnel, Legal Status, Ownership, Top Management with evidence
10. List of statutory compliances
11. Photographs:
  - Entrance of the MIS Centre showing name of the MIS Centre
  - Display of Scope of services
  - Display of patient rights & responsibilities
  - Display of Costs / pricing of various tests
  - Storage area of Diagnostic Reports & IT
  - Storage area of medical cylinder and gas manifold
  - Lifts and Lift room
  - Water tanks & RO water Plant
  - Storage area for BMW
  - COVID waste segregation
  - Storage of the Radioactive drugs
  - No smoking signage
  - Fire Panel
  - Firefighting equipment availability, fire signage's, exit plans
  - Blood Spill being managed
  - Radiation Safety Signages
  - PNDT Signages for Sex determination
12. Data of equipment
13. Patient complaints data
14. Quality Assurance programme
15. Diagnostic Support Services Data
16. Infection control information
17. Documents/ Manuals amendments
18. Filled declaration for outsourced services
19. Litigations if any
20. Filled self-Declarations

**Personal File Format (Suggestive only)**

Employee Name \_\_\_\_\_ Emp. Code \_\_\_\_\_

Date of Joining \_\_\_\_\_ Designation \_\_\_\_\_ Department \_\_\_\_\_

	Sr.No	Checklist For Document	Frequency	Yes/No/NA	
<b>Pre-Joining</b>	1.	Application For Employment	Once		
	2.	Resume	Once		
	3.	Candidate Assessment Form	Once		
	4.	Offer Letter	Once		
	5.	Pre Employment health check-up Performa/Report	Once		
	6.	Photographs	Once		
<b>Joining Formalities</b>	7.	Self attested Copy Of Mark Sheet/Certificate Of HSC/10 <sup>th</sup> Standard	Once		
	8.	Self attested Copy Of Mark Sheet/Certificate Of SSC/12 <sup>th</sup> Standard	Once		
	9.	Self attested Copy Of Mark Sheet/ Graduation Certificate	Once		
	10.	Self attested Copy Of Mark Sheet/ Post Graduation Certificate	Once		
	11.	Self attested Copy Of Mark Sheet/Certificate Of Other Degrees	Once		
	12.	Self attested Copy Of Registration Certificate – For Doctors & Nurses	Once		
	13.	Experience & Relieving Letter From Previous Employers	Once		
	14.	ID Proof (ID) & Address Proof	Once		
	15.	Copy Of PAN Card & Aadhar card & Voter ID	Once		
	16.	Bank account number( ICICI/HDFC/Axis)	Once		
	17.	Credential Proforma	Once		
	18.	Doctor Privilege Proforma	Updatable		
	19.	Nursing Privilege Proforma	Updatable		
	20.	Job Description	Updatable		
	21.	Appointment Letter	Once		
	22.	Joining Report Proforma	Once		
	23.	ESI/Mediclaim Form	Once		
	24.	PF Nomination Form (Form-2)	Once		
	25.	Gratuity Nomination Form (Form-F)	Once		
	26.	Departmental Induction / Skill Training	Once		
	27.	Vaccination Record	All 3 / Booster dose		
	<b>Annual Mandatory Events</b>	28.	Review of Probation Period	After 12 Months	
		29.	Confirmation Letter	After 12 Months	
		30.	Training Record & assessment Card	Yearly	
		31.	BLS/ALS/PALS/NALS Training	Yearly	



	32.	Performance Appraisal Forms	Yearly	
	33.	Annual Health Check-Up (Hepatitis-B vaccination)	Yearly	
	34.	Any disciplinary record		
	35.	Any grievance record		
<b>Exit</b>	36.	No Dues Form	Once	
	37.	Exit Interview Performa	Once	

Checked By (HRD) \_\_\_\_\_ Signature by Head HRD \_\_\_\_\_ Date \_\_\_\_\_

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS  
& HEALTHCARE PROVIDERS (NABH)**

**Quality Council of India**

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