

**CHC: Document Verification Checklist
(To be submitted along with the application)**



Name of the facility as per State's Record

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List of Documents	Name of the Facility
1. No. and Names of departments to be assessed	
2. Latest State Assessment Report and scores.	Yes/No
3. Minutes of last Quality Team meeting (MOM).	Yes/No
4. Departmental SOPs.	Yes/No
5. Quality Improvement manual.	Yes/No
6. Policies/Procedures of the facility	8
• Condemnation Policy.	Yes/No
• Antibiotic policy.	Yes/No
• Social, Culture and Religious Equality policy.	Yes/No
• Privacy, Dignity and confidentiality policy of patient.	Yes/No
• Consent policy.	Yes/No
• Referral policy.	Yes/No
• Policy of timely reimbursement of entitlements and compensation.	Yes/No
• Quality Policy.	Yes/No
7. Scores of last 3 Patient satisfaction Surveys and subsequent Corrective and Preventive actions.	Yes/No
8. Last 3 months data of Key Performance Indicators	Yes/No
9. Prescription Audit Analysis with Corrective and Preventive Action (CAPA) report	Yes/No