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| **Sl. No** | **List of Documents** | **Submission status-Yes/No** |
| 1 | Filled application form along with the Hospital data sheet |  |
| 2 | State Certification Report duly signed by the assessors. |  |
| 3 | Scores of last 3 Patient Satisfaction Surveys and Subsequent Corrective and Preventive actions undertaken |  |
| 4 | Minutes of last month Quality Team meeting (MOM). In last quarter |  |
| 5 | Departmental SOPs |  |
| 6 | Quality Improvement Manual |  |
| 7 | Condemnation Policy |  |
| 8 | Referral policy. |  |
| 9 | Maintaining patient's record, its security, sharing of information and safe disposal |  |
| 10 | Prescription/Medical Audit Analysis with Corrective and Preventive Action (CAPA) |  |
| 11 | Statutory/ Regulatory Compliance |  |
| 12 | Key Performance Indicators of last three months. |  |

**Document Verification Report:** (Name of the facility)

**Verified by:**

**Date:**