

## INTERNATIONAL DAY OF YOGA – 2024

### VISIT PROFORMA

1. Name of ESIC / ESIS Hospital :
2. State / Union Territory :
3. Name of the Visiting Officer :
4. Designation of Visiting Officer with place of Posting:

#### **A). GENERAL INFORMATION REGARDING HOSPITAL**

- a) No. of Beds sanctioned in Hospital :
- b) No. of Beds commissioned in Hospital :
- c) Bed Occupancy Ratio in Fin. Year – 2023-24 :
- d) Total Admissions in Fin. Year – 2023-24 :
- e) Total OPD attendance in Fin. Year – 2023-24 :
- f) Average Daily OPD attendance in FY- 2023-24 :
- g) No. of doctors sanctioned :
- h) No. of doctors in position - Regular :
- Contractual :
- i) Specialty services running :
  
- i) Super-specialty services running :
  
  
- k) No. of OTs (Functional) (If YES) :
- No. of Major Surgeries done in FY 2023-24 :
- No. of Minor Surgeries done in FY 2023-24 :
- l) 24 X 7 OT Services Functional : YES / NO
- m) Casualty functional : YES / NO
- Casualty Triage Area (Present) YES / NO
- n)\_ 24 X 7 Casualty functional: YES / NO
- o) Labour Room functional : YES / NO
- p) 24 X 7 Labour Room functional: YES / NO
- q) No. of deliveries in Fin. Year 2023-24 : i) Normal :
- ii) LS Caesarian Section :
- r) ICU Beds YES / NO (If YES), Number:

- s) ICU Beds with Ventilator Beds YES / NO (If YES), Number:
- t) Gas Manifold YES / NO
- u) LMO Tank / PSA YES / NO
- v) PICU / NICU: YES / NO
- w) Kitchen functional : YES / NO
- x) Laundry functional: YES / NO
- y) CSSD functional : YES / NO
- z) BMW disposal as per Rules : YES / NO
- aa) X-ray available : YES / NO  
(If YES) Functional YES / NO
- ab) USG with PNDR registration available : YES / NO  
(If YES), Functional YES / NO
- ac) CT / MRI : YES / NO
- ad) Narcotics licence : YES / NO
- ae) Pollution Board Clearance :  
i) Consent to Establish YES / NO  
ii) Consent to Operate ) YES / NO
- af) Fire NOC : YES / NO
- ag) Water Harvesting : YES / NO
- ah) Signages for patients : YES / NO
- ai) NABH/NABL/ISO Certification: YES / NO
- aj) Building Plan Approval : Available / Not Available
- ak) Proper Access to Hospital: YES/NO
- al) Status of Dhanwantri Implementation:
- am) Status of Ayush Services: YES / NO
1. Ayurveda YES / NO
2. Homeopathy YES / NO
3. Yoga YES / NO
4. Siddha YES / NO
5. Unani YES / NO

**B) CLEANLINESS DRIVE****GRADING**

i) General Cleanliness of the Hospital	1, 2, 3, 4, 5
ii) Attendant waiting area cleanliness	1, 2, 3, 4, 5
iii) Staircase cleanliness	1, 2, 3, 4, 5
iv) White washing & Painting Status :	1, 2, 3, 4, 5
v) Adequate Lighting:	1, 2, 3, 4, 5
vi) Horticulture Status & Placement of plants :	1, 2, 3, 4, 5
vii) Availability of dustbins	1, 2, 3, 4, 5
viii) Cleanliness Awareness Signage:	1, 2, 3, 4, 5
ix) Washroom Cleanliness:	1, 2, 3, 4, 5
x) Washroom cleanliness schedule being maintained:	1, 2, 3, 4, 5
xi) BMW segregation & disposal mechanism:	1, 2, 3, 4, 5
xii) Availability of housekeeping items, inventory records (last six months):	1, 2, 3, 4, 5
xiii) Weeding out of old records in past year:	1, 2, 3, 4, 5
xiv) Condemnation of items / equipment status in past year	1, 2, 3, 4, 5
xv) Cleanliness of fans / lights / switch boards:	1, 2, 3, 4, 5
xvi) Cleanliness of overhead and underground water tanks:	1, 2, 3, 4, 5
xvii) Drinking water availability	1, 2, 3, 4, 5

**C) International Yoga Day Celebration**

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|---|-----------------|
| 1. Advance Publicity of Event:                      | YES/NO          |
| 2. Banners Displayed                                | YES / NO        |
| 3. Choice of Venue:                                 | 1, 2, 3, 4, 5   |
| 4. Lectures on benefits of Yoga:                    | YES / NO        |
| <b>5. Availability of Yoga Instructor</b>           |                 |
| <b>OR Proficient Staff</b>                          | <b>YES / NO</b> |
| 6. Use of Audio/Visual AIDS                         |                 |
| Projector / TV/ Computer Screen etc:                | YES / NO        |
| <b>7. Use of Publicity Material-Pamphlets etc.:</b> | <b>YES / NO</b> |
| <b>8. No. of Staff participated</b> :               |                 |
| 9. No. of Beneficiaries Participated :              |                 |
| 10. Feedback of the beneficiaries :                 | 1, 2, 3, 4, 5   |

**GRADING:**

- 5 – Very Good
- 4 – Good
- 3 – Satisfactory
- 2 – Poor
- 1 – Very Poor

**RECOMMENDATIONS / REMARKS :**

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