



**BAHAGIAN AMALAN PERUBATAN  
KEMENTERIAN KESIHATAN MALAYSIA**  
ARAS 4, BLOK E1, PARCEL E  
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN  
62590 PUTRAJAYA

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Ruj. Tuan :

Ruj Kami : KKM 87/A9/0(48)

Tarikh : 25 APRIL 2008

Presiden  
Malaysian Medical Association  
4<sup>th</sup> floor  
MMA House  
124, Jalan Pahang  
53000 KUALA LUMPUR

Tuan,

### POST REGISTRATION CHECK LIST

Perkara di atas dengan segala hormatnya dirujuk.

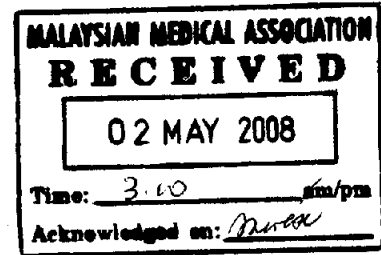
2. Bersama-sama ini disertakan Borang Senarai Semak Pemeriksaan Klinik Perubatan/Klinik Pergigian Swasta Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 dan Peraturan-peraturan Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta (Klinik Perubatan Swasta atau Klinik Pergigian Swasta) 2006 untuk makluman dan tindakan tuan.

Sekian, terima kasih

**"BERKHIDMAT UNTUK NEGARA"**

Yang Benar,

**(DR NIK SHAMSIDAH NIK IBRAHIM)**  
Timbalan Pengarah  
Bahagian Amalan Perubatan  
Kementerian Kesihatan Malaysia



Post registration check list

PURPOSE OF INSPECTION :  Post-Registration  Surveillance  Enforcement

TYPE OF CLINIC :  Medical  Dental ID no.....

DATE OF COR / REGISTRATION NO : .....

NAME OF PREMISES : .....

ADDRESS OF PREMISES : .....

TYPE OF SERVICES :  General Outpatient  
 Specialist Services Specify .....

OPERATING HOURS : .....

TYPE OF PRACTICE :  Solo  Group

NATURE OF BUSINESS VENTURE :  SP  BC  Society  Partnership

NAME OF APPLICANT : .....

NAME OF PERSON IN CHARGE : .....

DATE OF INSPECTION : .....

**PART I – DOCUMENTS INSPECTION**

Please ( ✓ ) in the appropriate boxes

REG	ITEMS	COMPLIANCE		COMMENTS	MARKS
		Yes	No		
<b>ORGANISATION &amp; MANAGEMENT</b>					
<b>MANDATORY REQUIREMENTS</b>					
<b>8. Person in charge</b>					
	- current annual practising certificate				
<b>9. Other Healthcare Professional Staff</b>					
	- current annual practising certificate				
	- qualification				
	<b>28. Certificate of Registration displayed</b>				
	<b>74. Emergency Call Information</b>				
<b>OTHER REQUIREMENTS</b>					
	7. Organisation Chart				
	24. Duty Rosters of Drs. And Staff				
	22. Staff Register with add. and tel. no.				
<b>POLICY AND PROCEDURE</b>					
<b>MANDATORY REQUIREMENTS</b>					
<b>14. Written Policy</b>					
(1)	Provision of written policies on-				
(b)	Procedure of patients registration, attendance and referrals				
(c)	Incident reporting				
(d)	Infection control				

REG	ITEMS	COMPLIANCE		COMMENTS	MARKS
		Yes	No		
(h)	Transportation of laboratory specimens				
108(2)	Fee schedule				
26&27	Patient Grievance Mechanism Plan				
18	Provision of Med. Reports				
73	Disaster Preparedness Plan				
<b>OTHER REQUIREMENTS</b>					
15.	Policy statement				
(a)	Staff identification (Reg. 16)				
(b)	Billing procedures (Reg. 17)				
<b>INFECTION CONTROL</b>					
<b>MANDATORY REQUIREMENTS</b>					
33.	Infection Control				
(2)(a)	Notifiable infection report register				
(2)(b)	Notification forms				
91.	Handwashing facilities				
(5)	Adequate sterilization facility which comply with MOH guidelines				
54.	Management of hazardous waste				
14.	Housekeeping				

**PART II – FACILITIES AND SERVICES INSPECTION**

<b>SPECIAL REQUIREMENTS FOR EMERGENCY CARE SERVICES</b>					
<b>MANDATORY REQUIREMENTS</b>					
<b>75. Basic Emergency Care Services</b>					
(9)	Provision of basic emergency equipment, apparatus, materials–				
(a)	An emergency call system *				
(b)	Oxygen				
(c)	Airways and manual breathing bag) *				
(d)	IV supplies				
(e)	Electrocardiogram				
(g)	Suction equipment *				
(h)	In-dwelling urinary catheters				
(i)	Drugs and other emergency medical equipment/supplies deemed necessary *				
<b>SPECIAL REQUIREMENTS FOR PHARMACEUTICAL SERVICES</b>					
<b>MANDATORY REQUIREMENTS</b>					
82.	Storage and maintenance of poison and dangerous drugs are in accordance to the Dangerous Drugs Act 1952				
84.	No expired drugs in premises				
86.	Maintenance of cold chain for vaccines				
<b>SPECIAL REQUIREMENTS FOR RADIOLOGICAL OR DIAGNOSTIC IMAGING SERVICES</b>					
<b>MANDATORY REQUIREMENTS</b>					
93.	Valid licence for radiological or diagnostic imaging services				

REG	ITEMS	COMPLIANCE		COMMENTS
		Yes	No	
<b>OTHER REQUIREMENTS</b>				
<b>GENERAL PROVISIONS FOR STANDARDS OF PMC OR PDC</b>				
34.	Location of PMC or PDC			
37.	Doors			
(1)	Entrance/Exit and other doors $\geq$ 1.2m			
(2)	Toilet doors $\geq$ 0.9m and do not swing inwards			
(4)	Two-way swing door – with vision panel			
(6)	No doors (except closet doors) swing into the corridors			
<b>STANDARDS FOR OUTPATIENT FACILITIES AND SERVICES</b>				
<b>91. Medical Outpatient Services</b>				
(1)	<b>No. of consultation room(s)</b>			
(a)	Minimum dimension of 3.0 m and minimum area of 11.1 m <sup>2</sup>			
(2)	<b>Treatment room</b>			
(a)	Minimum dimension of 2.4 m and minimum area of 8.0 m <sup>2</sup>			
(b)	Facilities available			
(i)	Handwashing facilities			
(ii)	Examination light			
(ii)	Storage of supplies and equipment			
(iv)	Dressing cubicle or area			
(v)	Screen			
(vi)	Film illuminator			
(3)	<b>Minor Surgery Room</b>			
(a)	Minimum dimension of 2.4 m and minimum area of 8.0 m <sup>2</sup>			
(b)	Facilities available			
(i)	Scrub sink			
(ii)	Liquid detergent dispenser			
(ii)	Operating light			
(iv)	Storage room or area			
(v)	Screen			
(vi)	Film illuminator			
(5)	Sterilising facility			
(6)	Linen and equipment storage room or area			
43	Janitor's closet or area			
<b>92. Dental Outpatient Services</b>				
(2)	<b>Single chair</b>			
(a)	Minimum dimension $\leq$ 6m <sup>2</sup>			
(b)	Adequate dental equipment and surgery materials			
(c)	Adequate storage facilities			
(d)	Adequate and appropriate housing for compressor			
(e)	Sterilising facility			
(3)	$>$ 2 chairs			

**Senarai Semak Pemeriksaan Klinik Perubatan/Klinik Pergigian Swasta  
 Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 dan  
 Peraturan-Peraturan Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta  
 (Klinik Perubatan Swasta atau Klinik Pergigian Swasta) 2006**

REG	ITEMS	COMPLIANCE		COMMENTS
		Yes	No	
(a)	Distance > 1.2m between arm-rest			
	Facilities for washing & preparation			
	Mixing areas			

\* Private Dental Clinic shall provide at a minimum the following services and equipment, both adult and paediatric.

**TOTAL MARKS :**

No. of 'YES' = _____ <b>32</b>	X 100 %	= _____ %
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**LEVEL OF COMPLIANCE:**

- ≥ 75%                 -   SAFE
- 50 – 74%           -   WARNING WITH 3 MONTHS PERIOD OF RECTIFICATION
- < 50%               -   PENDING REVOKE COR ( recommend to MOH & awaiting DG's directives)

**COMMENT:**

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 .....  
 .....

**Further action**

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 .....  
 .....

Checked by

.....

Name :

Designation:

Date: