

Facility Visit Checklist

Facility Name			Date	
Device(s)	Fully automated ___ Semi-automated ___ Aneroid ___ Mercury Column ___			
BP Measurement Observation	5 Min Rest ___ Back Supported ___ No Talking ___ Feet Uncrossed on Floor ___ Arm at Heart Level ___			
Meds Inventory/ Pricing	Drug Name	Quantity	Price	
Information System				
Power Source	Electricity (Y/N) ___ Generator (Y/N) ___			
Connectivity	Wifi (Y/N) ___ Mobile data: Edge ___ 3G ___ 4G ___ N/A ___			
Labs	Creatinine (Y/N) ___ Na (Y/N) ___ K (Y/N) ___			
Workforce	Type of Staff		Number of Staff	
Map of Patient Flow				
Protocol Posted?	Yes ___ No ___			
General Notes				

Don't Forget Photos!

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