

INSPECTION PROFORMA FOR B.SC. NURSING

Date of Inspection _____

Type of Inspection _____ Preliminary/ Re-inspection/ annual

A. General Information

1. Name of the Institution :

2. Full Address with pin code :

3. When was the college opened _____

4. When was this Nursing Programme started _____

5. Telephone number _____ Fax No _____

6. E-mail of the Institution _____

7. Administrative Control : Government / Trust / Society / any other (tick appropriate)

8. Name and Address of the examining board which affiliated :

9. Do you have a parent hospital Yes/No Affiliated Hospital Yes/No

10. Date of admission of students admitted in the current session :

11. Date of Inspection _____

The Programme

Category	No. of seats	sanctioned	Total students under training
	State Government	Nursing Council	
B.Sc Nursing			

B. Staff

1. Teaching Staff (Full Time)

Post	Name	Salary (Rs)	RNRM Number	Professional Qualification with year of	Teaching Experience	Date of Joining in teaching	Remarks
PT							
Tutor							
Tutor							

C. Physical Facilities :**Infrastructure**

1. Class Room Number of class rooms _____
2. Library : Yes/No
3. Practical Laboratory : Fundamentals / Nutrition /MCH / Community Health/ Computer Lab
give comments.

4. **Number of Toilets** :
 - a. For Staff _____
 - b. For Students _____
5. **Is there a vehicle for the school** **Yes/No**
 - a. If yes Specify _____
 - b. If no, what arrangements is made _____

D. Administrative Facilities :**Office :**

- | | | |
|------|--|--------|
| i. | Principal | Yes/No |
| ii. | Teacher Common Room | Yes/No |
| iii. | Office for administrative/Clerical Assistant | Yes/No |
| iv. | Record Room | Yes/No |

Library Facilities:

- | | | |
|----|---|--------|
| 1. | Is Computer Facilities available for students | Yes/No |
| 2. | Number of books available | _____ |
| 3. | Number of Journals subscribed | _____ |
| 4. | Is Internet facility available for students | _____ |
| 5. | Audiovisual Aids available | Yes/No |
| | TV/VCR/OHP/Black /Other | _____ |
| | Teaching Block: | |
| | Built up area of the building | _____ |

Is the Institution

1. Owned 2. Rented 3. Leased

Hostel:

1. Whether safe drinking water supply available. Yes/No (source) _____
2. Provision for hand washing available Yes/ No (source) _____
3. Number of Toilets in the hostel and type _____

Administration:

Who in controlling the college? Government /Private/NGO/ Trust/ Missionary

Is there a separate budget for the college?

Who is the controlling authority of the Budget? _____

What is the last year's budget? _____

E. Clinical Facilities:**1. Hospital Facilities:**

Name of the Hospital attached for students practice	Number of the school/ college affiliated	Average occupancy per month	Distance from the school	Number of RNRM working in the Hospital with their positions	Are the staff of the hospital involved in teaching students	Remarks

Distance from the College _____

Service rendered _____

Does the staff of PHC/ CHC staff involve in teaching program of students? Yes/No

Supervisor of students. By college staff/by PHC/ by both. Specify _____

Clinical Rotation Plan:

Number & size of each group _____

(Enclose copies of rotation plan)

F. Teaching Plan

Syllabus followed? _____

Copy of syllabus available Yes/No

Master plan for theory & practice made Yes/No

Time Table made Yes/No

MCH Experience:

How many deliveries conducted by each student _____

- ANC Exam _____
- Post natal care _____
- P.V exam _____
- Motivation for F.P _____
- Health education _____
- Family education _____
- Conducting Survey _____

Home Visiting Bag

- Number of visiting bags _____
- Number of students for each if sharing _____

G. System of Examination :

1. Eligibility for admission to Examination _____ :
- a. Percentage of attendance Theory hours _____ Practical hours _____
- b. Internal assessment marks maintained properly Yes/No
- c. Completion of practical record Yes/No
- d. Conduce Yes/No

Clinical areas in the Hospital:

Clinical areas	Number of beds	Remarks
Medical		
Surgical		
Pediatrics		
Gynae/Obst		
Eye/ENT		
Psychiatrics		
ICCU/CCU		
Maternity		
Casualty		
Out door		
Labor room with average Deliveries		

Equipment & Supplies:

Give brief description of the observation _____

3. Where Practical Examination is conducted?
4. Who conducts the examinations?
5. How many students are examined in a day?
6. System of supplementary examination.
7. Weak points on examination.
8. Strong points on examination.

II. Records of Students

A. Are the following records maintained well? :	Yes/No
1. Admission record	: Yes/No
2. Daily attendance register	: Yes/No
3. Health record	: Yes/No
4. Clinical & field experience record	: Yes/No
5. Practical record books/ midwifery case book	: Yes/No
6. Leave record	: Yes/No
7. Cumulative record each students progress	: Yes/No
8. Extracurricular activities record	: Yes/No
9. SNA activities record	: Yes/No

B. Is following College records maintained?

1. Course planning of each subject	: Yes/No
2. Rotation plan	: Yes/No
3. Committee meetings	: Yes/No
4. Affiliation records	: Yes/No
5. Record of Stock	: Yes/No
6. Budget plan	: Yes/No
7. Annual report of activities & achievements	: Yes/No
8. Staff development Programme	: Yes/No

1. Hostel Facilities :

1. Build up area : _____
2. Is hostel : _____
3. Number of rooms and no of students in each room _____
4. Number of toilets : _____

2. Whether hostel has provision for,

i. Electricity	:	Yes/No
ii. Water supply	:	Yes/No
iii. Toilets /baths	:	Yes/No
iv. Safe disposal of wastes	:	Yes/No
v. Visiting room	:	Yes/No
vi. Mess	:	Yes /No
vii. Dinning room	:	Yes/ No
viii. Hand washing facilities	:	Yes/No
ix. Kitchen hygienic	:	Yes/No
x. General condition of hostel good?	:	Yes/No
xi. Furniture like bed/ table/ chair available for all students	:	Yes/No
xii. Facility for indoor game	:	Yes/No
xiii. Is a TV/ VCR available	:	Yes/No
xiv. Outdoor game available?	:	Yes/No

Comments of Inspectors,

Strong Point _____

Weak Point: _____

Executive Summary: _____

Name of the inspectors with addresses.

1. _____ : Signature & date

2. _____ : Signature & date

3. _____ : Signature & date