



**Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

ANNEX H-9b
A.O. No. 2016- 0042

**CHECKLIST FOR REVIEW OF FLOOR PLANS
CUSTODIAL PSYCHIATRIC CARE FACILITY**

Name of Health Facility: _____

Address: _____

Date: _____ Review: 1st _____ 2nd _____ 3rd _____

1. PHYSICAL PLANT

- ___ **1.1 General Administrative Service**
 - ___ 1.1.1 Waiting Area
 - ___ 1.1.2 Information, Reception and Business Office
 - ___ 1.1.3 Dietary
 - ___ 1.1.4 Dining Area
- ___ **1.2 Custodial Service**
 - ___ 1.2.1 Nursing Unit
 - ___ 1.2.1.1 Nurses' Work Area
 - ___ 1.2.1.2 Patient Room
 - ___ 1.2.1.3 Toilet
 - ___ 1.2.2 Psychosocial Unit
 - ___ 1.2.2.1 Indoor Activity Area
 - ___ 1.2.2.2 Outdoor Activity Area

2. PLANNING AND DESIGN

- ___ 2.1 Floor plans properly identified and completely labeled
- ___ 2.2 Conforms to applicable codes as part of normal professional service:
 - ___ 2.2.1 Minimum of two (2) exits, remote from each other, for each floor of the building
 - ___ 2.2.2 Exits terminate directly at an open space to the outside of the building
- ___ 2.3 Meets prescribed functional programs:
 - ___ 2.3.1 Main entrance of the facility directly accessible from public road
 - ___ 2.3.2 Separate rooms and toilets for male and female patients
 - ___ 2.3.3 Nurses' work area located and designed to allow visual observation of patient and movement into the nursing unit
 - ___ 2.3.4 Toilet immediately accessible from each room in a nursing unit

COMMENTS:



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Name of Health Facility: _____

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COMMENTS:

HEALTH FACILITIES EVALUATION AND REVIEW COMMITTEE (HFERC)

Approved Disapproved

Chairperson, HFERC

Vice-Chairperson, HFERC

Member

Member

Member

Member

Member

Member

