SECTION 2: COMMUNICATION

`001 `002	NAME OF FACILITY GPS coordinates		
200	Does this facility have a land line telephone that is available to call outside at all times client services are offered?	YES . . . . . 1 NO. 0	→ 203
201	May I see the land line telephone?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 0	
202	Is it functioning?	YES. . . . . 1 NO. 0	
203	Does this facility have a ***cellular telephone or a private cellular phone*** that is supported by the facility?	YES . . . . . 1 NO. 0	→ 206
204	May I see either the facility-owned cellular phone or the private cellular phone that is supported by the facility?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 0	
205	Is it functioning?	YES. . . . . 1 NO. 0	
206	Does this facility have a short-wave radio for radio calls?	YES . . . . . 1 NO. 0	→ 209
207	May I see the short-wave radio?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 0	
208	Is it functioning?	YES. . . . . 1 NO. 0	
209	Does this facility have a computer?	YES. . . . . 1 NO. 0	→ 212
210	May I see the computer?	OBSERVED . . . . . 1 REPORTED NOT SEEN. 0	
211	Is it functioning?	YES. . . . . 1 NO. 0	
212	Is there access to email or internet via computer and/or mobile phone within the facility?	YES. . . . . 1 NO. 0	→ 214
213	Is the email or internet routinely available for ***at least 2 hours*** on days that client services are offered?	YES. . . . . 1 NO. 0	

SOURCE OF WATER

214	What is the *most commonly used* source of water for the facility *at this time?* OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING.	PIPED INTO FACILITY. . . . . 01 PIPED ONTO FACILITY GROUNDS. . . 02 → 216 PUBLIC TAP/STANDPIPE. . . . . 03 TUBEWELL/BOREHOLE . . . . . 04 PROTECTED DUG WEL . . . . . 05 UNPROTECTED DUG WEL . . . . . 06 PROTECTED SPRING . . . . . 07 UNPROTECTED SPRIN(. . . . . 08 RAINWATEF . . . . . 09 BOTTLED WATE . . . . . 10 CART W/SMALL TANK/DRI . . . . . 11 TANKER TRUCK . . . . . 12 → 216 SURFACE WATER (RIVER/DAM/LAKE/POND). . . . . 13 OTHER (SPECIFY)_____ 96 DON'T KNOW . . . . . 98 → 216 NO WATER SOURCE . . . . . 00 → 217	
215	Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility?	ONSITE. . . . . 1 WITHIN 500M OF FACILITY. . . . . 2 BEYOND 500M OF FACILITY. 3	
216	Is there routinely a time of year when the facility has a severe shortage or lack of water?	YES. . . . . 1 NO. 0	

POWER SUPPLY

217	Is this facility connected to the national electricity grid?	YES. . . . . 1 NO. . . . . 0 DON'T KNOW. . . . . 8 → 219	
218	During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted ***for more than 2 hours at a time?*** CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERUPTED FOR LESS THAN 2 HOURS AT A TIME.	ALWAYS AVAILABLE. . . . . 1 SOMETIMES INTERRUPTED. . . . . 0 DON'T KNOW. 8	
219	Does this facility have other sources of electricity, such as a generator or solar system?	YES. . . . . 1 NO OTHER SOURCE. . . . . 0 → 221	
220	What other sources of electricity does this facility have? PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY	FUEL-OPERATED GENERATOR. . . . . A BATTERY-OPERATED GENERATOR. . B SOLAR SYSTEM. C	

EXTERNAL SUPERVISION

221	Does this facility receive any external supervision, e.g., from the district, regional, zonal or national office?	YES. . . . . 1 NO. 0	→ 300
222	When was the last time a supervisor from outside this facility came here on a supervisory visit? Was it within the past 6 months or more than 6 months ago?	WITHIN THE PAST 6 MONTHS . . . . . 1 MORE THAN 6 MONTHS AGO. 0	→ 300
223	The last time during the past 6 months that a supervisor from outside the facility visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1 0 8	
02	Discuss performance of the facility based on available health services data?	1 0 8	
03	Help the facility make any decisions based on available health services data?	1 0 8	

SECTION 3: STAFFING - MANAGEMENT - CLIENT OPINION
QUALITY ASSURANCE - TRANSPORT - HMIS AND HEALTH STATISTICS

STAFFING

300 Please tell me how many staff in each of the following ***occupational categories*** are currently ***assigned to, employed by, or seconded to*** this facility, whether full time or part-time and provide FP services. I am interested in the highest occupational category regardless of the person's actual assignments or duties. For doctors, I would like to know how many are part-time in this facility.

	OCCUPATIONAL CATEGORIES (COUNTRY SPECIFIC)	(a) ASSIGNED, EMPLOYED, OR SECONDED
01	GENERALIST [NON-SPECIALIST] MEDICAL DOCTORS	
02	SPECIALISTS MEDICAL DOCTORS [INCLUDING ANESTHESIOLOGISTS & PATHOLOGISTS]	
03	ASSISTANT MEDICAL OFFICER	
04	CLINICAL OFFICER	
05	PHARMACIST	
06	REGISTERED NURSE (INCLUDING NURSING OFFICERS)	
07	MIDWIVES	
08	LABORATORY SCIENTIST	
09	AUTRES	

MANAGEMENT MEETINGS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF MEETINGS. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVEIW.

301	Does this facility have routine facility management meetings?	YES. . . . . 1 NO 0	→ 308
302	How frequently do these facility management meetings take place?	MONTHLY OR MORE FREQUENTLY. . . . . 1 ONCE EVERY 2-3 MONTHS. . . . . 2 ONCE EVERY 4-6 MONTHS. . . . . 3 LESS FREQ. THAN EVERY 6 MONTHS. . . . . 4 DON'T KNOW. . . . . #	→→408
303	Does the facility maintain official records of facility management meetings?	YES. . . . . 1 NO 0	→→ 308
304	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 0	→→ 308
305	REVIEW THE RECORDS OR MINUTES OF THE MOST RECENT MEETING NO OLDER THAN 6 MONTHS AND CIRCLE THE LETTER FOR ANY OF THE LISTED TOPICS THAT ARE MENTIONED IN THE REPORT.	RHIS DATA QUALITY. . . . . A RHIS REPORTING. . . . . B TIMELINESS OF RHIS REPORTING. . . . . C QUALITY OF SERVICES. . . . . D CLIENT UTILIZATION. . . . . E DISEASE DATA. . . . . F EMPLOYMENT CONDITIONS (E.G., SALARIES, DUTY SCHEDULES). . . . . G FINANCES OR BUDGET. . . . . H OTHER _____ X NONE OF THE ABOVE. . . . . Y	→ 308
306	Did the facility make any decisions based on what was discussed at the last meeting and covered in this report?	YES. . . . . 1 NO. . . . . 0 DON'T KNOW. 8	→ 308
307	Has the facility taken any follow-up action regarding the decisions made during the last meeting?	YES. . . . . 1 NO. . . . . 0 DON'T KNOW. 8	
308	Are there any *routine* meetings about facility activities or management issues that include both facility staff and community / community committee members?	YES. . . . . 1 NO. . . . . 0 DON'T KNOW. 8	→ 312
309	How frequently are routine meetings held with both facility staff and community / community committee members?	MONTHLY OR LESS FREQUENTLY. . . . . 1 EVERY 2-3 MONTHS. . . . . 2 EVERY 4-6 MONTHS. . . . . 3 LESS FREQ. THAN EVERY 6 MONTHS. . . . . 4 DON'T KNOW. 8	→ 312
310	Is an official record of the meetings with both facility staff and community members maintained?	YES. . . . . 1 NO 2	→ 312
311	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	

CLIENT OPINION AND FEEDBACK

312	Does this facility have any system for determining clients' opinions about the health facility or its services?	YES. . . . . 1 NO 0	→ 316
313	Please tell me all the methods that this facility uses to elicit client opinion CIRCLE ALL METHODS MENTIONED AND PROBE: ANY MORE?	SUGGESTION BOX. . . . . A CLIENT SURVEY FORM. . . . . B CLIENT INTERVIEW FORM. . . . . C OFFICIAL MEETIING WITH COMMUNITY LEADERS. . . . . D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY. . . . . E EMAIL. . . . . F FACILITY'S WEBSITE. . . . . G LETTERS FROM CLIENTS/COMMUNITY. . . . . H OTHER_____ X DON'T KNOW. . . . . Z	→ 316
314	Is there a procedure for reviewing or reporting on clients' opinion? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED	YES . . . . . 1 NO PROCEDURE . . . . . 0 DON'T KNOW. 8	→ 316
315	May I see a report on the review of client opinion, or any document on such a review?	OBSERVED. . . . . 1 REPORTED, NOT SEEN. . . . . 2 REPORTS NEVER COMPILED 3	

QUALITY ASSURANCE

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF QUALITY ASSURANCE ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVEIW.

316	Does this facility routinely carry out quality assurance activities? An example may be facility-wide review of mortality, or periodic audit of registers.	YES. . . . . 1 NO . . . . . 0 DON'T KNOW 8	→ 319
317	Is there an official record of any quality assurance activities carried out during the past year?	YES. . . . . 1 NO, RECORDS NOT MAINTAINED 0	→ 319
318	May I see a record of any quality assurance activity? A REPORT OR MINUTES OF A QA MEETING, A SUPERVISORY CHECKLIST, A MORTALITY REVIEW, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.	OBSERVED . . . . . 1 REPORTED NOT SEEN. 0	

HMIS

FIND THE PERSON RESPONSIBLE FOR HEALTH INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION

319	Does this facility have a system in place to regularly collect health services data?	YES. . . . . 1 NO. 0	
320	Does this facility regularly compile any reports containing health services information?	YES. . . . . 1 NO. 0	→ 323
321	How frequently are these reports compiled?	MONTHLY OR MORE OFTEN. . . . . 1 EVERY 2-3 MONTHS. . . . . 2 EVERY 4-6 MONTHS. . . . . 3 LESS OFTEN THAN EVERY 6 MONTHS. 4	
322	May I see a copy of the most recent report?	RECORD OBSERVED. . . . . 1 REPORTED, NOT SEEN. 2	
323	Does this facility have a designated person, such as a data manager, who is responsible for health services data in this facility?	YES. . . . . 1 NO DEDICATED PERSON. 0	→ 401
324	Who is responsible for health services data in this facility? PROBE TO DETERMINE WHO THIS PERSON IS	DATA MANAGER/HMIS PERSON. . . . . 1 FACILITY IN-CHARGE. . . . . 2 SURVEILLANCE 3 OTHER SERVICE PROVIDER. 4	

SECTION 4: CONTRACEPTIVE COMMODITIES

401	Are any of the following **CONTRACEPTIVE commoditi** available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	4	5
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	4	5
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3	4	5
04	PROJESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPC	1	2	3	4	5
05	MALE CONDOMS	1	2	3	4	5
06	FEMALE CONDOMS	1	2	3	4	5
07	INTRAUTERINE CONTRACEPTIVE DEVICE	1	2	3	4	5
08	IMPLANT	1	2	3	4	5
09	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL	1	2	3	4	5
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3	4	5

STORAGE CONDITION - CONTRACEPTIVE COMMODITIES

402	OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE COMMODITIES OFF THE FLOOR?	1	2
02	ARE THE COMMODITIES PROTECTED FROM WATER	1	2
03	ARE THE COMMODITIES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2

403	ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first	YES, ALL COMMODITIES. . . . . 1 NOT ALL COMMODITIES. . . . . 2 NO. 3	
404	What type of system does this facility use to monitor the amount of contraceptive commodities received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATIO	COMPUTER SYSTEM UPDATED DAILY. . . . . 1 LEDGER/STOCK CARD UPDATED DAILY. . . . . 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. . . . . 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. . . . . 4 OTHER SYSTEM _____ 6 (SPECIFY)	

SECTION 5: FAMILY PLANNING

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING SERVICES ARE PROVIDED.
FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY.
INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

501	How many days in a month are family planning services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS ☐☐			
502	Does this facility ***provide*** (i.e., stock the commodity) or ***prescribe, counsel or refer clients for*** any of the following modern methods of family planning:	PROVIDE (STOCK THE COMMODITY)	PRESCRIBE/ COUNSEL, OR REFER	NO	
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2	3	
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2	3	
03	COMBINED INJECTABLE CONTRACEPTIVES	1	2	3	
04	PROGESTIN-ONLY INJECTABLE CONTRACEPTIVES (DEPO)	1	2	3	
05	MALE CONDOMS	1	2	3	
06	FEMALE CONDOMS	1	2	3	
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2	3	
08	IMPLANT	1	2	3	
09	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2	3	
10	CYCLE BEADS FOR STANDARD DAYS METHOD	1	2	3	
11	COUNSEL CLIENTS ON PERIODIC ABSTINENCE		2	3	
12	VASECTOMY (MALE STERILIZATION)	1	2	3	
13	TUBAL LIGATION (FEMALE STERILIZATION)	1	2	3	
14	OTHER METHODS (E.G., SPERMICIDE OR DIAGPHRAGM)	1	2	3	
503	Do you have the ***national family planning guidelines*** available at this service area today?	YES. . . . . 1 NO. 2			→ 505
504	May I see the national family planning guidelines?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2			→ 507
505	Do you have ***any other guidelines*** on family planning available at this service area today?	YES. . . . . 1 NO. 2			→ 507
506	May I see the other guidelines?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2			

507	Are individual records or cards maintained at this service site for family planning clients?	YES. . . . . 1 NO. 2	→ 509
508	May I see a blank copy of the individual records or card?	OBSERVED. . . . . 1 REPORTED NOT SEEN. 2	
509	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. . . . . 1 NO. 2	→ 511

510	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW
01	Weighing of clients	1	2	3	8
02	Taking blood pressure	1	2	3	8
3	Requiring providers to wear a face covering	1	2	3	8
4	Conducting Covid-19 symptom checks on clients	1	2	3	8
5	Conducting temperature screening checks for Covid-19 on clients	1	2	3	8
6	Screening for gender based violence	1	2	3	8
7	Conducting group health education sessions	1	2	3	8

511	Do family planning providers in this facility routinely diagnose and treat STIs, or are STIs clients referred to another provider or location for STI diagnosis and treatment? PROBE TO ARRIVE AT THE RIGHT ANSWER	ROUTINELY DIAGNOSE AND TREAT STIs. . . . . 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT. . . . . 2 REFER ELSEWHERE IN FACILITY FOR DIAGNOSIS AND TREATMENT. . . . . 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5	
512	Do providers of family planning conduct HIV testing from this service site?	YES. . . . . 1 NO. 2	→ 514
513	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. . . . . 1 OBSERVED, NONE VALID. . . . . 2 REPORTED AVAILABLE, NOT SEEN. . . . . 3 NOT AVAILABLE TODAY. 4	

EQUIPMENT AND SUPPLIES

514	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1	2	3 → 02	1	2	8
02	MANUAL BP APPARATUS	1	2	3 → 03	1	2	8
03	STETHOSCOPE	1	2	3 → 04	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1	2	3 → 05	1	2	8
05	EXAMINATION BED OR COUCH	1	2	3			
06	SAMPLE OF FP METHODS	1	2	3			
07	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]	1	2	3			
08	PELVIC MODEL FOR IUCD	1	2	3			
09	MODEL FOR SHOWING CONDOM USE	1	2	3			

515	**CHECK Q502.07 & Q502.08.**	IUCD OR IMPLANT PROVIDED IN FACILITY ☐	NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY ☐ →	521

ASK TO BE TAKEN TO THE ROOM OR LOCATION WHERE IUCDs AND/OR IMPLANTS ARE INSERTED OR REMOVED

516	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	STERILE GLOVES	1	2	3
02	ANTISEPTIC SOLUTION	1	2	3
03	SPONGE HOLDING FORCEPS	1	2	3
04	STERILE GAUZE PAD OR COTTON WOOL	1	2	3

517	**CHECK Q502.07**	IUCD PROVIDED IN FACILITY ☐	IUCD NOT PROVIDED IN FACILITY ☐ →	519

518	Please show me the following items for the provision of IUCD:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	VAGINAL SPECULUM - SMALL	1	2	3

02	VAGINAL SPECULUM - MEDIUM	1	2	3	
03	VAGINAL SPECULUM - LARGE	1	2	3	
04	TENACULA (VOLSELLUM FORCEPS)	1	2	3	
05	UTERINE SOUND	1	2	3	
519	**CHECK Q502.08.** IMPLANT PROVIDED IN FACILITY ☐		IMPLANT NOT PROVIDED IN FACILITY ☐		→ 521
520	Please show me the following items for the provision of Implant:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	LOCAL ANESTHETIC	1	2	3	
02	STERILE SYRINGE AND NEEDLE	1	2	3	
03	CANULA AND TROCHAR FOR INSERTING IMPLANT	1	2	3	
04	SEALED IMPLANT PACK	1	2	3	
05	SCAPEL WITH BLADE	1	2	3	
06	MINOR SURGERY KIT (E.G., WITH ARTERY FORCEPS)	1	2	3	
521	Where are equipment such as specula or forceps that are used in the provision of family planning services processed for re-use?	FP SERVICE SITE. . . . . 1 CENTRAL LOCATION IN FACILITY. . . . . 2 BOTH LOCATIONS. . . . . 3 NO EQUIPMENT PROCESSED IN FACILITY. 4			→ → → 524
522	What is the final processing method used for family planning equipment at this service site? PROBE FOR ALL METHODS USED	AUTOCLAVE. . . . . A DRY HEAT STERILIZATION. . . . . B SOAK IN CHLORINE SOLUTION. . . . . C BOIL OR STEAM. . . . . D WASH WITH SOAP AND WATER. . . . . E SOAK IN OTHER CHEMICAL SOLUTION. . . . F			

STANDARD PRECAUTIONS

524	**STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION**	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 → 06	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3

525	DESCRIBE THE SETTING OF THE FP SERVICE ROOM OR AREA.	PRIVATE ROOM. . . . . 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2 VISUAL PRIVACY ONLY. . . . . 3 NO PRIVACY. 4	

SECTION 6: GENERAL FACILITY LEVEL CLEANLINESS

600	ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY		YES	NO
01	**FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE		1	2
02	**COUNTERS/TABLES/CHAIRS:** WIPED CLEAN- NO OBVIOUS DUST OR WASTE		1	2
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX		1	2
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED		1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED		1	2
06	**WALLS:** SIGNIFICANT DAMAGE		1	2
07	**DOORS:** SIGNIFICANT DAMAGE		1	2
08	**CEILING:** WATER STAINS OR DAMAGE		1	2