Form 'A'

**(See Rule 29)**

**Certificate Of Inspection**

Inspection report of ………………… Dispensary at …………………….by the ……………… for the year ……….ending ………..19……..

1. Name of establishment (including factory)/contractor, engaged in the production of' films, served by dispensary.

2. Number of' workers for which it caters.

3. Date and hour of inspection.

4. Date of last inspection.

5. Dispensary buildings.

(a) Condition of dispensary building

(b) Does the accommodation provided conform to the prescribed standing

6. Medicines-

(a) Is the supply sufficient and according to the prescribed scale?

(b) Are the poisons labelled and kept separately under lock and key?

7. Surgical instruments and equipment –

Are they sufficient and in good order?

8. Staff acquittance rolls-

Are they in order and up-to-date?

9. Registers and returns-Are these properly kept and regularly submitted?

10. Establishment-

(a) Officer-in-charge--

(i) Part-time/whole time

(ii) Name and qualifications

(b) Designation and pay of staff-

(i) Medical graduate

(ii) Medical licentiate

(iii) Lady Doctor

(iv) Nurse

(v) Compounder

(vi) Auxiliary Nurse Midwife

(vii) Male Dresser

(viii) Female Dresser

(ix) Sweeper

(x) Chowkidar

(xi) Peon

(c) Attendance register.–

Do the staffs attend regularly ?

11. Annual expenditure on-

(a) Establishment

(b) Medicines

12. Out-patients-

(a) Number seen at tile time of visit

(b) Total number of new patients treated in current year up-to-date.

(c) Total number of old patients treated in current ),car up-to-date.

(d) Total treated during the last year.

(e) Do the entries on tickets of patients present tally with the entries oil the registers?

(f) Are there any arrangements for treating women apart from men"

13. Are you satisfied with the working of the dispensary?

If not, what suggestions call be made for its improvement?

I certify that I have inspected the dispensary noted above and that it conforms / does not conform in the following respects\* to the standards laid down in the Cine-workers Welfare Fund Rules, 1984.

Signature of Inspecting Officer

Date ……………………….

Counter-signature of Commissioner

Date ………………………..

*\* Give details below*

*Note: The countersignature of the Commissioner is not necessary when the Commissioner himself is the inspecting authority.*