



# Health Facility Inspection Checklist

This checklist is to be used by DHA or outsourced Inspectors to record any non-compliance of the constructed health facility either new or major refurbishment (exceeding 50% of the existing) to an existing facility.

## 1 Functional Planning Unit (FPU) or Department

Choose the applicable FPU(s) being reviewed (ideally use one sheet per FPU):

<input type="checkbox"/> Administration Unit	<input type="checkbox"/> Admissions Unit & Discharge	<input type="checkbox"/> Birthing Unit
<input type="checkbox"/> Cardiac Investigation Unit	<input type="checkbox"/> Catering Unit	<input type="checkbox"/> Clinical Information Unit
<input type="checkbox"/> Complementary and Alternative Medicine Centre	<input type="checkbox"/> Coronary Care Unit	<input type="checkbox"/> Day Surgery/ Procedure Unit
<input type="checkbox"/> Dental Surgery Unit	<input type="checkbox"/> Education Unit	<input type="checkbox"/> Emergency Unit
<input type="checkbox"/> Endoscopy Unit	<input type="checkbox"/> Engineering & Maintenance Unit	<input type="checkbox"/> Health Centres
<input type="checkbox"/> Housekeeping Unit	<input type="checkbox"/> Inpatient Unit - Bariatric	<input type="checkbox"/> Inpatient Unit - General
<input type="checkbox"/> Intensive Care Unit - General	<input type="checkbox"/> IVF Unit (Fertilisation Centres)	<input type="checkbox"/> Laboratory Unit
<input type="checkbox"/> Linen Handling Unit	<input type="checkbox"/> Main Entrance Unit	<input type="checkbox"/> Maternity Unit
<input type="checkbox"/> Medical Imaging Unit - General	<input type="checkbox"/> Medical Imaging Unit - Nuclear Medicine Unit & PET	<input type="checkbox"/> Mental Health Unit - Adult
<input type="checkbox"/> Mental Health Unit - Child & Adolescent	<input type="checkbox"/> Mental Health Unit - Older Persons	<input type="checkbox"/> Mobile Healthcare Unit
<input type="checkbox"/> Mortuary - General	<input type="checkbox"/> Oncology Unit - Medical (Chemotherapy)	<input type="checkbox"/> Oncology Unit - Radiation
<input type="checkbox"/> Operating Unit	<input type="checkbox"/> Outpatients Unit	<input type="checkbox"/> Pharmacy Unit
<input type="checkbox"/> Public & Staff Amenities	<input type="checkbox"/> Rehabilitation - Allied Health	<input type="checkbox"/> Renal Dialysis Unit
<input type="checkbox"/> Sterile Supply Unit (SSU)	<input type="checkbox"/> Supply Unit	<input type="checkbox"/> Waste Management Unit

FPU RDL:             1             2             3             4             5             6

(Note: default = the Whole Facility RDL)

New Facility

Refurbishment

% Refurbished

%

% New

%

% Cumulative Refurb

%



## 2 Architectural/ Medical Planning Compliance Checklist

Does the completed facility match the DHA approved design drawings?  Yes  No

Remarks: \_\_\_\_\_

Have all required NOC's been submitted?  Yes  No

eg. Biomedical Testing, FANR etc.

Remarks: \_\_\_\_\_

Is the facility ready for inspection and access is available?  Yes  No

Note: for Pre-inspection Assessment, all building construction work should be completed and equipment installed.

For Final Inspection, the hospital commissioning should be completed, literally ready to receive patients.

Remarks: \_\_\_\_\_

Do Room sizes matching the DHA approved design drawings?  Yes  No

Note: Normally up to 10% deviation in area should be accepted

Note: Guidelines use the no-gap area measurement which should not be confused with clear area

Note: Any area approved in the design must be accepted by the inspector

Remarks: \_\_\_\_\_

Do all the corridor widths comply with the DHA HFG?  Yes  No

Note: Minimum requirements of fire corridors (Civil Defense) may not be sufficient. Operating Unit and ICU requires wider corridors.

Remarks: \_\_\_\_\_

Do clearances around beds and other objects comply with the DHA HFG?  Yes  No

Note: First refer to the FPU diagrams. If not available refer to the relevant RLS for guidance on clearances

Remarks: \_\_\_\_\_

Are all finishes appropriate, cleanable and installed correctly?  Yes  No

Note: Pay particular attention to any open joints, gaps, slip resistance and cleanability

Remarks: \_\_\_\_\_

Gap-free detailing is applied to all surfaces and joints?  Yes  No

Gap-free applies to joinery, walls, floors, fixtures etc

Remarks: \_\_\_\_\_

Are all critical elements are accessible for inspection?  Yes  No

Remarks: \_\_\_\_\_

Are there any cavity sliders (sliding doors) installed in clinical areas?  Yes  No

Note: Cavity sliders may only be used in non-clinical areas such as administration. In all clinical areas any sliding doors must only be surface sliders or swing doors. Surface above sliders should resist dust collection



Remarks: \_\_\_\_\_

Does minimum ceiling height comply with the DHA HFG?  Yes  No

Note: Default ceiling height is 2700 except procedural area which are 3000 AFFL.

Note: When limited and local deviations are observed check against the allowance permitted in Part D

Remarks: \_\_\_\_\_

Are all required Furniture, Fittings present and working?  Yes  No

Note: At pre-inspection assessment only fixed items are expected.

At final inspection all items are expected.

Remarks: \_\_\_\_\_

Are all required Medical Equipment provided and certified?  Yes  No

Note: Require certification by a competent supplier/ installer or Biomedical Engineer

Remarks: \_\_\_\_\_

Is an independent Medical Gas System Testing certificate available?  Yes  No

Note: Require certification by a competent supplier/ installer or Biomedical Engineer

Remarks: \_\_\_\_\_

Are all required Sanitary Fixtures present and working?  Yes  No

Note: At pre-assessment inspection all items are required and must be working correctly.

Remarks: \_\_\_\_\_

Hand wash basins are provided where they are required and shown in design?  Yes  No

Note: also check the types required, eg Type A, B, C. Higher type can replace lower type. Antiseptic Hand Gel Dispenser is not a replacement for Hand Wash Basin.

Remarks: \_\_\_\_\_

Are all door openings adequate as per the DHA-HFG?  Yes  No

Note: Pay particular attention to areas requiring bed movement and the geometry of space

Note: Also look for any mandatory observation panels which may be required (none required for standard patient bedrooms)

Remarks: \_\_\_\_\_

Are door closers provided where they are required?  Yes  No

(eg. fire doors, accessible bathrooms etc)

Remarks: \_\_\_\_\_

Mandatory external windows, where required, are provided?  Yes  No

Note: Refer to the allowances in the DHA-HFG, sometimes borrowed light is allowed eg in ICU

Mandatory direct light is only into Inpatient Bedrooms

Remarks: \_\_\_\_\_



Are window treatments for sun control appropriate in clinical areas?  Yes  No

Note: Curtains should not be used in clinical areas. Window sun control in operating theatres, labs, ED, ICU etc can only be within double glazing. Curtains may be used in Inpatient Bedrooms except isolation rooms as well as non-clinical areas.

Remarks: \_\_\_\_\_

Does the facility comply with the ergonomics standard as per DHA-HFG?  Yes  No

Note: Refer to Part C for examples of ergonomics

Remarks: \_\_\_\_\_

Are hand rails provided to at least one side of the main corridors?  Yes  No

Note: hand rails may be combined with crash bars but the handle still must comply with DHA-HFG

Remarks: \_\_\_\_\_



### 3 MEP Engineering Compliance Checklist

Is the HVAC system commissioned according to the Project Requirements and DHA-HFG Part E?

Note: Is a report from the commissioning agent and TAB contractor available?

Yes  No

Remarks: \_\_\_\_\_

Is Adequate Filtration and Air changes been provided for spaces according to DHA-HFG?

Yes  No

Remarks: \_\_\_\_\_

Are the mandated air pressurisation requirements for spaces met? Has the commissioning agent verified the pressure regime as per the guidelines?

Yes  No

Remarks: \_\_\_\_\_

Is a pressure display monitor provided for the isolation room?

Yes  No

Remarks: \_\_\_\_\_

Is the monitor displaying the correct +ve or -ve pressure requirements?

Yes  No

Remarks: \_\_\_\_\_

Has the exhaust for negative rooms been provided with HEPA filtration and stack discharge?

Yes  No

Remarks: \_\_\_\_\_

Has HEPA filtration been provided for the Operating Rooms, Burns Unit and Positive Isolation Rooms?

Yes  No

Remarks: \_\_\_\_\_

Has a fully ducted return air system been provided?

Yes  No

Note: Ceiling plenum can never be used as a supply or return air duct.

Remarks: \_\_\_\_\_

Has the MRI room been provided with non-ferrous MEP systems?

Yes  No

Remarks: \_\_\_\_\_

Has a quench pipe been provided?

Yes  No

Remarks: \_\_\_\_\_

Has an emergency exhaust system been provided?

Yes  No

Remarks: \_\_\_\_\_

Are the pharmacy clean rooms provided with HEPA filters?

Yes  No

Remarks: \_\_\_\_\_



Have laboratory fume hoods been provided with dedicated exhaust?  Yes  No

Remarks: \_\_\_\_\_

Is the exhaust provided with HEPA filtration and stack discharge?  Yes  No

Remarks: \_\_\_\_\_

Are the IVF Procedure Rooms, Embryo Transfer Rooms and Labs provided with HEPA filtration?  Yes  No

Remarks: \_\_\_\_\_

Has a space pressurisation report been prepared for the spaces mentioned in the DHA guideline Part E Section 2.14?  Yes  No

Remarks: \_\_\_\_\_

Has an O&M manual been provided and available to the owner?  Yes  No

Remarks: \_\_\_\_\_

Has emergency power been provided in accordance to DHA HFG Part E?  Yes  No

Remarks: \_\_\_\_\_

Has UPS power been provided in accordance to DHA HFG Part E?  Yes  No

Remarks: \_\_\_\_\_

Has IPS power been provided in accordance to DHA HFG Part E Guidelines?  Yes  No

Remarks: \_\_\_\_\_

Is the generator location as per DEWA requirements?  Yes  No

Remarks: \_\_\_\_\_

Are DEWA NoC and approval available?  Yes  No

Remarks: \_\_\_\_\_

Are the electrical rooms provided with 2 hour fire rating or fire suppression as per DEWA requirements?  Yes  No

Remarks: \_\_\_\_\_

Is the central server room located at a level where flooding cannot occur? Or are there remedial measures in place?  Yes  No

Remarks: \_\_\_\_\_



Is the system resilience covered as per DHA HFG Part E requirements?

Yes  No

Remarks: \_\_\_\_\_

Has the Fire Alarm system been commissioned according to Civil Defence requirements?

Yes  No

Remarks: \_\_\_\_\_

Has the Nurse Call and Emergency Call system provided?

Yes  No

Note: Pull-cord type is not acceptable as per DHA HFG.

Remarks: \_\_\_\_\_

Are the Annunciator or indicator lights provided and visible?

Yes  No

Remarks: \_\_\_\_\_

Has an O&M manual been submitted to the client representative and has the Facility Management team been trained on the Electrical systems?

Yes  No

Remarks: \_\_\_\_\_

Has the system been installed as per DEWA requirements?

Yes  No

Remarks: \_\_\_\_\_

Has the main incoming water service to the building been provided with a DCV after the water meter?

Yes  No

Remarks: \_\_\_\_\_

Has the water system been treated with special water treatment equipment?  Yes  No

Note: If Yes, please select which system is present:

- Low Level Chemical Water Treatment for Raw Water Tank
- Water Softener
- Ultra Violet
- Multimedia Filtration
- Copper Silver Ionisation
- Microfiltration
- Cooling Water Plant Via Heat Exchanger
- Reverse Osmosis Water Treatment
- Ozone Water Treatment

Remarks: \_\_\_\_\_

Has warm water been provided to each Wash Hand Basin?

Yes  No

Remarks: \_\_\_\_\_



Has a valve assembly set (includes PRV and DCV) been provided on cold and hot water services to each room?

Yes  No

Remarks: \_\_\_\_\_

Has a water balancing valve been provided on the hot water return side?  Yes  No

Remarks: \_\_\_\_\_

What is the pipe material for the water cold and hot water supply systems?

Remarks: \_\_\_\_\_

Is RO Water system being provided to Washer Disinfectors for Dirty Utilities?  Yes  No

Remarks: \_\_\_\_\_

Is there an independent RO water System to dialysis areas (only for Dialysis Areas)?

Yes  No

Remarks: \_\_\_\_\_

Is there an independent RO water System been provided for areas outside dialysis areas supply (such as CSSD, Laboratory, Washer Disinfectors, HVAC Equipment etc)?  Yes  No

Remarks: \_\_\_\_\_

Are the RO water system service pipes been installed in stainless steel?  Yes  No

If no, state which material was used:

Remarks: \_\_\_\_\_

Has Water Recycling system been installed?  Yes  No

Remarks: \_\_\_\_\_

Has Clean Steam System been provided to the facility?  Yes  No

Remarks: \_\_\_\_\_

Has Raw/Plant Steam been provided to the facility?  Yes  No

Remarks: \_\_\_\_\_

Has the system been installed as per Dubai Municipality requirements?  Yes  No

Remarks: \_\_\_\_\_

Are the main drainage lines electro-fusion welded?  Yes  No

Remarks: \_\_\_\_\_

For Oncology Areas, is the pipe material used stainless steel?  Yes  No

Remarks: \_\_\_\_\_





Is the laboratory drainage pipe material different from the general waste pipe drainage?  Yes  No

Remarks: \_\_\_\_\_

Has an STP been provided?  Yes  No

Remarks: \_\_\_\_\_

Has Liquid Oxygen been provided with Vaporiser?  Yes  No

Remarks: \_\_\_\_\_

Have 2no. Liquid Oxygen Tanks been provided?  Yes  No

Remarks: \_\_\_\_\_

Has the Liquid Oxygen Tank(s) been provided external as per HTM-02-01 distances?  Yes  No

Remarks: \_\_\_\_\_

Is Oxygen (95% Purity) Generation Being Provided?  Yes  No

Remarks: \_\_\_\_\_

Is Oxygen (95% Purity) Generation being supplied with external fresh air?  Yes  No

Remarks: \_\_\_\_\_

Are the number cylinders system sized based on actual flow?  Yes  No

Remarks: \_\_\_\_\_

Is there an Automatic Cylinder Manifold system for each gas system?  Yes  No

Remarks: \_\_\_\_\_

Is there an Emergency Manual Manifold System for each gas system?  Yes  No

Remarks: \_\_\_\_\_

Do both manifolds systems for all medical gas systems have an exhaust to atmosphere pipe from the manifold?  Yes  No

Remarks: \_\_\_\_\_

Is the cylinder room located on the ground floor?  Yes  No

Remarks: \_\_\_\_\_

Are the Oxygen and Nitrous Oxide Cylinders in the Same Room?  Yes  No

Remarks: \_\_\_\_\_

Is there a spare Cylinder Room or just spare cylinder area?  Yes  No

Remarks: \_\_\_\_\_



Has central Carbon Dioxide Plant been provided?  Yes  No

Remarks: \_\_\_\_\_

Is the Medical Air and Vacuum System provided?  Yes  No

Remarks: \_\_\_\_\_

As per the HVAC AHU strategy for Special areas (such as operating theatres, endoscopy rooms, etc) has a Simplex AGSS unit been provided for each AHU?  Yes  No

Remarks: \_\_\_\_\_

Has the facility been provided with Duplex AGSS system for other areas outside the simplex units?  Yes  No

Remarks: \_\_\_\_\_

Is the main medical gas alarm panel provided?  Yes  No

Remarks: \_\_\_\_\_

Are the general Medical Gas AVSU's been provided at the Staff Stations?  Yes  No

Remarks: \_\_\_\_\_

Has more than one AVSU been provided for special areas such as Operating Theatres, ICU's etc?  Yes  No

Remarks: \_\_\_\_\_

Has a dedicated AVSU or AVSU's been provided to special clinical areas such as Operating Theatres, ICU etc?  Yes  No

Remarks: \_\_\_\_\_

Has the AVSU panel been provided with emergency access?  Yes  No

Remarks: \_\_\_\_\_

Has building occupancy certificate been provided by Civil Defence?  Yes  No

Remarks: \_\_\_\_\_

Has the Electrical rooms (not LV switch rooms, but floor, just local floor rooms) been provided with an extinguishing system?  Yes  No

Remarks: \_\_\_\_\_

Has the Server room been provided with an extinguishing system?  Yes  No

Remarks: \_\_\_\_\_

Has the oil type generator been provided with an extinguishing system?  Yes  No

Remarks: \_\_\_\_\_



Have the transformers been provided with an extinguishing system?  Yes  No

Remarks: \_\_\_\_\_

Have the Main Electrical Rooms (LV) been provided with an extinguishing system?  Yes  No

Remarks: \_\_\_\_\_

Have extinguishing systems been provided in the special clinical areas such as Operating Theatres, Endoscopy procedure rooms etc?  Yes  No

Remarks: \_\_\_\_\_

Have extinguishing systems been provided inside the imaging rooms?  Yes  No

Remarks: \_\_\_\_\_

Has the system been installed as per Dubai Municipality requirements?  Yes  No

Remarks: \_\_\_\_\_

Has a gas solenoid valve been provided after the LPG or NG gas meter?  Yes  No

Remarks: \_\_\_\_\_

Is the LPG, NG or Diesel fuel connection -points locked and can only accessed via key access?  Yes  No

Remarks: \_\_\_\_\_

Is the LPG, NG or Diesel fuel connection points located on the ground floor?  Yes  No

Remarks: \_\_\_\_\_

What material has the LPG pipe been installed in?

Remarks: \_\_\_\_\_

What material has the NG pipe been installed in?

Remarks: \_\_\_\_\_

What material has the diesel pipe been installed in?

Remarks: \_\_\_\_\_

Are the fuel pipe systems installed in welded pipe?  Yes  No

Remarks: \_\_\_\_\_

Does the installed gas pipe run through the basement areas of the facility?  Yes  No

Remarks: \_\_\_\_\_



If the installed pipe runs in the basement, is the pipe installed in a pipe-in-pipe system?

Yes

No

Remarks:

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Has the fuel system been designed as per Dubai Municipality requirements?

Yes

No

Remarks:

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