	DOCUMENT NAME	DOCUMENT NUMBER
	AVAILABILITY AND FUNCTIONALITY OF MEDICAL EQUIPMENT	

VERSION	**1**	
COMPILED BY		**DATE**
AUTHORIZED BY		**07/2025**
NEXT REVISION DATE		**07/2027**

Sub-domain: 2.3.2 – Medical Equipment
Standard: 2.3.2.1 – Medical equipment must be available and functional
Criterion: 2.3.2.1.1 – Equipment is in accordance with the essential equipment list
Assessment Type: Observation
Risk Rating: Vital Measure

1. PURPOSE & SCOPE

To ensure that all essential medical equipment required for clinical services is available, functional, and aligned with legal and clinical care requirements.

Applies to all clinical service areas within the health establishment, including consultation rooms, procedure rooms, and emergency stations.

2. RESPONSIBILITIES

Job description of person responsible	Duties

3. PROCEDURE

Conduct a physical observation of the clinical service area.

Verify presence and functionality of each listed item.

Use functional testing if applicable (e.g., thermometer power check, stethoscope auscultation test).

Note “Not Applicable” where justified by service scope (e.g., no cervical screening or minor surgery).

Log missing or non-functional equipment for follow-up or procurement.

4. INTERNAL SUPPORTING DOCUMENTATION

Document	Number	Retention period	Location

5. ATTACHMENT

Checklist: Essential Medical Equipment

Checklist: Essential Medical Equipment

#	Equipment Item	Available (Yes/No)	Functional (Yes/No)	Comments
1	Stethoscope			
2	Blood pressure machine (manual or electronic)			
3	Stadiometer (height measure)			
4	Adult weighing scale			
5	Baby weighing scale			
6	Diagnostic sets (with ophthalmic pieces)			
7	Tape measure			
8	Thermometer			
9	Gestation calculator			
10	Foetal stethoscope / Doppler / Sonar			
11	Eye chart (Snellen or equivalent)			
12	Patella hammer			
13	Tuning fork			
14	Cusco or disposable vaginal speculum			N/A if no cervical screening
15	Examination couch/table			
16	Bed steps			
17	Peak flow meter – Adult			
18	Peak flow meter – Paediatric			
19	Nebuliser machine			N/A if using oxygen-driven
20	Glucometer			

🛠️ Equipment for Minor Surgical Procedures

#	Equipment Item	Available (Yes/No)	Functional (Yes/No)	Comments
21	Examination light (ceiling/wall/portable)			N/A if not used
22	Suture pack			N/A if not used
23	Dressing trolley/cart			N/A if not used
24	Electrocautery machine			N/A if not used
25	Forceps			N/A if not used
26	Suture holder			N/A if not used
27	Swab holder			N/A if not used
28	Scalpel / BP handle			N/A if not used

🧮 Summary & Compliance Score

- **Total Applicable Items: ____**
- **Total Compliant (Available & Functional): ____**
- **Compliance Rate: ____ %**

📌 Recommendations

- Missing/non-functional equipment to be documented and reported for action.
- Items marked “Not Applicable” must be justified in scope of services.
- Routine equipment checks to be included in monthly maintenance logs.

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Receipt Acknowledgement for this SOP

I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE