INSPECTION FORMAT

Occupational Therapy College

(As per NCAHP Minimum Standard Requirements - MSR)

1. General Information

Particular	Details
Name of Institution	
Address	
Management	Government / Trust / Society / Private
Year of Establishment	
BOT Started in Year	
MOT Started in Year	
Approved Intake	
Principal / Dean	
Contact Details	
Inspection Date	

2. Statutory Documents

Document	Required	Verified	Validity	Remarks
University Affiliation	✓			
NCAHP / State Approval	✓			
Trust Registration	✓			
Fire NOC	✓			
Building Completion Certificate	✓			
Hospital MoU	✓			

3. ELIGIBILITY OF INSTITUTION

Requirement	MSR Standard	Documentary Evidence	Physical Verification	Compliance
BOT Programme Established	Mandatory			
University Affiliation	Mandatory			
Clinical Training Hospital Available	Mandatory			
Academic & Administrative Setup	Complete			

4. LAND & BUILDING

Campus

Requirement	Standard	Actual	Compliance
Independent Campus / Shared with Health Sciences	As per MSR		
Barrier-free Access	Mandatory		
Ramps & Lifts	Mandatory		
Accessible Toilets	Mandatory		

Administrative Area

Room	Required	Area	Compliance
Principal Office	Yes		
Department Office	Yes		
Faculty Rooms	Yes		
Staff Room	Yes		
Record Room	Yes		

Teaching Facilities

Facility	Requirement	Available	Remarks
Lecture Hall	Yes		
Tutorial Room	Yes		
Seminar Hall	Yes		
Demonstration Room	Yes		
Smart Classroom	Yes		
Audio-Visual Equipment	Yes		

5. OCCUPATIONAL THERAPY DEPARTMENT

Facility	Required	Area	Compliance
Occupational Therapy OPD	Yes		
Assessment Room	Yes		
Treatment Room	Yes		
Splint Laboratory	Yes		
ADL Training Unit	Yes		
Paediatric Therapy Unit	Yes		
Sensory Integration Room	Yes		
Neuro Rehabilitation Area	Yes		
Orthopaedic Rehabilitation Area	Yes		
Hand Therapy Unit	Yes		
Community OT Unit	Yes		

6. LABORATORY & EQUIPMENT

Maintain **separate verification sheets** for each laboratory.

Example – Activities of Daily Living (ADL) Laboratory

Equipment	Required Qty	Available Qty	Functional	Remarks
Hospital Bed				
Wheelchair				
Walker				
Crutches				
Transfer Board				
Toilet Chair				
Kitchen Training Unit				
Dressing Aids				
Feeding Aids				
Adaptive Equipment				

Repeat separate equipment verification sheets for:

- Splint Laboratory
- Hand Therapy Unit
- Sensory Integration Laboratory
- Paediatric Therapy Unit
- Neuro Rehabilitation Unit
- Community Rehabilitation Unit

7. CLINICAL TRAINING FACILITIES

Hospital Verification

Requirement	Standard	Actual	Compliance
Attached Teaching Hospital	Mandatory		
Orthopaedics	Available		
Neurology	Available		
Neurosurgery	Available		
Paediatrics	Available		
Psychiatry	Available		
Medicine	Available		
Surgery	Available		
Rehabilitation Services	Available		

Student Clinical Posting

Department	Posting Available	Daily Patient Load	Faculty Supervision
Orthopaedics			
Neurology			
Paediatrics			
Psychiatry			
Community Rehabilitation			

8. LIBRARY

Requirement	Standard	Available	Compliance
Core Textbooks	Adequate		
Reference Books	Adequate		
National Journals	Available		
International Journals	Available		
Digital Library	Available		
Internet Facility	Available		
Computer Terminals	Available		

9. FACULTY

Designation	Required	Available	Deficiency
Professor			
Associate Professor			
Assistant Professor			
Tutor / Clinical Instructor			

10. NON-TEACHING STAFF

Post	Required	Available	Compliance
Clinical Occupational Therapist	**6**		
Librarian	**1**		
Assistant Librarian	**1**		
Office Superintendent	**1**		
Accountant	**1**		
Office Assistant / Clerk	**1**		
Lab Attendants	**4**		
Peon / Sweeper / Cleaner	As Required		

11. STUDENT RECORDS

Record	Verified	Remarks
Admission Register		
Attendance Register		
Clinical Posting Register		
Internship Logbook		
Internal Assessment Records		
University Results		

12. DOCUMENT VERIFICATION

- University Affiliation
- Approval Orders
- Hospital MoU
- Faculty Service Books
- Equipment Stock Register
- Maintenance Register
- Calibration Records (where applicable)
- Library Accession Register
- Student Logbooks
- Clinical Attendance Records

13. COMPLIANCE SUMMARY

Component	Complied	Partially Complied	Not Complied
Statutory Approvals	□	□	□
Infrastructure	□	□	□
OT Department	□	□	□
Laboratories & Equipment	□	□	□
Clinical Training	□	□	□
Library	□	□	□
Faculty	□	□	□
Non-Teaching Staff	□	□	□
Student Records	□	□	□

FINAL RECOMMENDATION

☐ Suitable for Recognition

☐ Suitable after Compliance

☐ Not Suitable

Inspection Committee

Name	Signature

Principal/Director (Acknowledgement): _____

Date: _____

College Seal