

# INSPECTION FORMAT

## Medical Laboratory Sciences College

(As per NCAHP Minimum Standard Requirements - MSR)

### A – GENERAL INFORMATION

| Particular          | Details                                |
|---------------------|----------------------------------------|
| Name of Institution |                                        |
| Address             |                                        |
| Management          | Government / Private / Trust / Society |
| Programme Offered   | BMLS / MMLS                            |
| Intake Approved     |                                        |
| Principal/Dean      |                                        |
| Contact Details     |                                        |
| Date of Inspection  |                                        |

### B - CLINICAL TRAINING FACILITIES

| Requirement                | MSR Requirement | Available | Remarks |
|----------------------------|-----------------|-----------|---------|
| Attached Teaching Hospital | Mandatory       |           |         |
| Minimum Hospital Capacity  | <b>100 Beds</b> |           |         |
| NABH Accreditation         | Mandatory       |           |         |
| NABL Accredited Laboratory | Mandatory       |           |         |
| Student Clinical Posting   | Available       |           |         |
| Internship Facility        | Available       |           |         |

### C - TEACHING INFRASTRUCTURE

| Requirement           | Standard     | Available | Compliance |
|-----------------------|--------------|-----------|------------|
| Lecture Rooms         | Adequate     |           |            |
| Tutorial Rooms        | Available    |           |            |
| Seminar Hall          | Available    |           |            |
| Smart Classroom       | At least one |           |            |
| Smart Board           | Available    |           |            |
| Audio-Visual System   | Available    |           |            |
| Internet Connectivity | Available    |           |            |

## D - LABORATORY INFRASTRUCTURE

| Laboratory                                  | Required | Available | Area | Compliance |
|---------------------------------------------|----------|-----------|------|------------|
| Anatomy Laboratory                          | Yes      |           |      |            |
| Physiology Laboratory*                      | Yes      |           |      |            |
| Biochemistry Laboratory                     | Yes      |           |      |            |
| Microbiology Laboratory                     | Yes      |           |      |            |
| Haematology & Clinical Pathology Laboratory | Yes      |           |      |            |
| Histopathology & Cytopathology Laboratory   | Yes      |           |      |            |

\*Anatomy and Physiology may be combined.

## E - EQUIPMENT VERIFICATION

Create a separate inspection sheet for each laboratory using the exact equipment prescribed in the MSR.

### Example: Anatomy & Physiology Laboratory

| Equipment                     | Required Qty | Available Qty | Working | Calibration | Remarks |
|-------------------------------|--------------|---------------|---------|-------------|---------|
| Human Skeleton                | 1            |               |         |             |         |
| Disarticulated Bone Set       | 1            |               |         |             |         |
| Spirometer                    | 10           |               |         |             |         |
| Soft Part Models              | 1 Set        |               |         |             |         |
| Display Charts                | As Required  |               |         |             |         |
| CPR Mannequin                 | 1            |               |         |             |         |
| BP Apparatus with Stethoscope | 10           |               |         |             |         |
| Pulse Oximeter                | 5            |               |         |             |         |
| Needle Destroyer              | 1            |               |         |             |         |
| Biomedical Waste Bins         | Complete Set |               |         |             |         |

Similarly prepare dedicated equipment verification sheets for:

- Biochemistry Laboratory
- Microbiology Laboratory
- Haematology & Clinical Pathology Laboratory
- Histopathology & Cytopathology Laboratory

## F - POSTGRADUATE (MMLS) LABORATORIES

For institutions offering MMLS:

| Requirement               | Standard | Available |
|---------------------------|----------|-----------|
| Dedicated PG Laboratory 1 | Yes      |           |
| Dedicated PG Laboratory 2 | Yes      |           |
| Research Laboratory       | Yes      |           |
| Dissertation Work Area    | Yes      |           |

### Advanced Equipment (MMLS)

| Equipment               | Required | Available | Working |
|-------------------------|----------|-----------|---------|
| PCR Machine             | 1        |           |         |
| HPLC                    | 1        |           |         |
| Gel Electrophoresis     | 2        |           |         |
| ELISA Reader            | 1        |           |         |
| Refrigerated Centrifuge | 1        |           |         |
| Deep Freezer (-80°C)    | 1        |           |         |
| Spectrophotometer       | 1        |           |         |

## G - LABWARE & CONSUMABLES

Maintain a verification register based on the recommended quantities.

| Item                      | Required Qty       | Available Qty | Remarks |
|---------------------------|--------------------|---------------|---------|
| Hemoglobinometer          | 30                 |               |         |
| Hemocytometer             | 30                 |               |         |
| ESR Tubes                 | 100                |               |         |
| Petri Plates              | 30                 |               |         |
| Microscopic Slides        | 300                |               |         |
| Test Tubes (10 ml)        | 600                |               |         |
| Test Tubes (5 ml)         | 600                |               |         |
| Micropipette Tips         | 3 Sets Each        |               |         |
| Vacutainers               | As Prescribed      |               |         |
| Syringes                  | 500                |               |         |
| Other necessary Glassware | As per requirement |               |         |

## H - LIBRARY

| Requirement                  | Standard    | Available | Compliance |
|------------------------------|-------------|-----------|------------|
| Textbooks                    | Adequate    |           |            |
| Reference Books              | Adequate    |           |            |
| Journals                     | Available   |           |            |
| ONOS Subscription            | Recommended |           |            |
| Library Terminals / Desktops | Minimum 5   |           |            |
| Internet                     | Available   |           |            |

## I - COMPUTER FACILITY

| Requirement                          | Standard   | Available |
|--------------------------------------|------------|-----------|
| Desktop Computers                    | Minimum 15 |           |
| Internet Connectivity                | Available  |           |
| Computer Applications Software       | Available  |           |
| Research/Data Analysis Software (PG) | Available  |           |

## J - FACULTY

| Year                                 | Required                                                             | Available | Shortage |
|--------------------------------------|----------------------------------------------------------------------|-----------|----------|
| Before the start of 1st year of BMLS | Professor-1<br>Associate prof-1<br>Assistant professor-2<br>Tutor- 2 |           |          |
| Before the start of 2nd year of BMLS | Professor-1<br>Associate prof-1<br>Assistant professor-3<br>Tutor- 3 |           |          |
| Before the start of 3rd year of BMLS | Professor-1<br>Associate prof-2<br>Assistant professor-4<br>Tutor- 5 |           |          |
| Before the start of 4th year of BMLS | Professor-1<br>Associate prof-2<br>Assistant professor-4<br>Tutor- 5 |           |          |

For postgraduate programmes, verify the additional recommended faculty:

- Professor: 1
- Associate Professors: 3
- Assistant Professors: 2.

## K - FACULTY–STUDENT RATIO

| Programme     | Standard | Actual |
|---------------|----------|--------|
| Undergraduate | 1:15     |        |
| Postgraduate  | 1:10     |        |

## L - NON-TEACHING STAFF

| Post                       | Required    | Available | Remarks |
|----------------------------|-------------|-----------|---------|
| Librarian                  | 1           |           |         |
| Assistant Librarian        | 1           |           |         |
| Office Assistant/Clerk/DEO | 1           |           |         |
| Laboratory Attendants      | 3           |           |         |
| Peon/Sweeper/Cleaner       | As Required |           |         |

## M - DOCUMENT VERIFICATION

- University Affiliation
- Hospital/Laboratory MoUs
- NABH/NABL Certificates
- Faculty Service Records
- Equipment Purchase & Calibration Records
- Laboratory Stock Registers
- Library Registers
- Student Admission & Attendance Registers
- Internship Records

## N - FINAL RECOMMENDATION

| Chapter             | Complied                 | Not Complied             | Remarks |
|---------------------|--------------------------|--------------------------|---------|
| Clinical Facilities | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Infrastructure      | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Laboratories        | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Equipment           | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Labware             | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Library             | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Computer Facility   | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Faculty             | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Non-Teaching Staff  | <input type="checkbox"/> | <input type="checkbox"/> |         |

**FINAL RECOMMENDATION**

- ☐ Suitable for Recognition
- ☐ Suitable after Compliance
- ☐ Not Suitable

**Inspection Committee**

| Name | Signature |
|------|-----------|
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |

**Principal/Director (Acknowledgement):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**College Seal**