

**Department of Tourism
Office of Tourism Standards and Regulation**



**SELF- ASSESSMENT CHECKLISTS
Tertiary Hospital**

NAME OF HOSPITAL: _____

BUSINESS ADDRESS: _____

TELEPHONE NO.: _____ FAX NO.: _____

GENERAL MANAGER: _____

Please check on the appropriate box. Do not leave blank boxes.

A. LOCATION	YES	NO	REMARK/S
Is the hospital located in a place with pleasant environment suitable for tertiary hospital?			
B. ENTRANCE/FACADE OF THE BUILDING	YES	NO	REMARK/S
Is the entrance to the hospital clean?			
Is the entrance to the hospital tidy?			
Is the entrance to the hospital free from obstructions?			
Is the entrance to the hospital adequately illuminated?			
Does the facade/building exterior show no cracks?			
Does the facade/building exterior show no paint peels?			
Does the facade/building exterior show no unsightly marks/stains?			
C. LOUNGE	YES	NO	REMARK/S
Is the lounge reasonably furnished and commensurate to the size of the hospital?			
Available in all service units of the hospital?			

D. FRONT OFFICE/RECEPTION	YES	NO	REMARK/S
1. Is the reception and information counter on a 24-hour basis?			
2. Manned by highly trained and experienced staff?			
3. Is porter service on a 24-hour basis?			
4. Is there a foreign exchange counter?			
5. Is long distance/ overseas telephone facilities available in the hospital?			
6. Is there a left-luggage room and safety deposit boxes within the hospital?			
7. Is the Business Center equipped with office equipment			
<ul style="list-style-type: none"> • Computer units • Fax Machines • Telephones • Secretarial and mailing facilities 			
E. BEDROOM FACILITIES & FURNISHINGS	YES	NO	REMARK/S
1. Suite/Private Room Does the hospital have suite and private rooms?			
2. Bathrooms			
a. Are the bathrooms provided with shower and bathroom essentials?			
b. Do the bathrooms in all private and suite rooms have a 24-hour hot and cold running water?			
c. Are the floors and walls made of materials with good design and high quality workmanship?			
3. a. Room Furnishings			
1. DDD/IDD			
2. Television			
3. Cold/hot drinking water			
4. Refrigerator			
5. Information materials			
<ul style="list-style-type: none"> • Prominently displayed 			
<ul style="list-style-type: none"> • Indicate food and beverage outlets and hours of operation 			

• Fire exits guidelines			
3. b. Furniture and Fixtures			
1. Aesthetic design			
2. Good quality			
3. c. Lighting			
1. Well-lit			
4. Is room service on a 24-hour basis (including provisions for snacks and light refreshments and special diet)?			
5. Are room service staffs wearing hairnets/caps while serving?			
F. HOUSEKEEPING	YES	NO	REMARK/S
1. Is there adequate supply of linens, blankets, towels, etc.?			
Are they changed daily?			
Are they spotlessly clean?			
2. Are laundry and dry cleaning services provided?			
G. CORRIDORS/HALLWAYS	YES	NO	REMARK/S
1. Are the corridors/hallways well-lit?			
2. Are the corridors properly ventilated?			
3. Are there no obstructions along the passageways?			
4. Are the corridors clean and well maintained?			
5. Are there fire exits?			
6. Are there visible fire exit signs?			
H. FOOD AND BEVERAGE	YES	NO	REMARK/S
1. Dining Room			
Does the hospital offer Filipino and international cuisine?			
Is the dining room well-equipped?			
Is the dining room well-furnished?			
Is the dining room well-maintained?			
2. Are the silverwares kept well-plated and polished at all times?			

3. Glassware/Dining Utensils			
Unchipped			
Clean			
Sparkling			
I. KITCHEN	YES	NO	REMARK/S
1. Is the kitchen			
Clean			
With tiled walls			
With adequate floor area			
Non-slippery floors			
Adequately lighted			
Adequately ventilated			
Well-maintained			
Free from insects and rodents			
2. Cooking Utensils			
Is there an adequate supply of pots/utensils?			
Are the oven/ranges well-maintained?			
Are the kitchen staff wearing hair caps/nets while preparing food?			
J. ENGINEERING AND MAINTENANCE	YES	NO	REMARK/S
1. Is the Engineering Department properly sectioned off (machine shop, paint shop, electrical, upholstered carpentry, boiler room, storeroom, pump room, generator room, etc.?)			
Is it clean?			
Is it properly maintained?			
2. Is there a stand-by generator available to provide full power in all areas of the hospital?			
3. Is there adequate ventilation in all areas of the hospital?			

4. Is there adequate lighting in all areas of the hospital?			
5. Waste Disposal Are the rooms provided with three garbage receptacles? (Biodegradable, non-biodegradable, infectious waste)			
Are they covered?			
6. Is fumigation regularly conducted in all areas of the hospital?			
7. Is there a regular garbage pick-up?			
K. GENERAL FACILITIES	YES	NO	REMARK/S
1. Elevator Is there an elevator for the exclusive use of the patients, guests and staff and for the service purposes of the hospital?			
2. Parking/Valet Is adequate parking and valet service available?			
3. Shops Are there sundries shop?			
4. Security Is the hospital providing 24-hour security in all entrances and exits of the hospital? Is there a CCTV installed in each floor?			
5. Transportation Facilities Limousine service			
Airport transfers			
Air Ambulance			
6. Billing System Is the hospital's billing system computerized? Is the hospital accepting credit card payment?			
7. Public washrooms Is the hospital's public washroom clean and presentable?			
8. Is it provided with running water in every floor?			
9. Fire Fighting Facilities Does the hospital have fire extinguishers?			

Are the fire extinguishers checked regularly?			
Are fire drills conducted regularly?			
Are fire alarms properly located?			
L. HOSPITAL STAFF AND EMPLOYEES	YES	NO	REMARK/S
Well-groomed			
Good attitude			
Courteous			
Efficient and highly trained			
Experienced			
In smart and clean uniforms			
Foreign language interpreter available upon request			
<p>This is to signify my intent to apply for DOT Accreditation.</p> <p>I understand that my Self-Assessment Rating is not yet final and an Audit Team from the DOT shall conduct an actual assessment of my property to validate my rating.</p>			
<p>_____ SIGNATURE OVER PRINTED NAME OWNER/ GENERAL MANAGER</p>		<p>_____ DATE</p>	