



Republic of the Philippines  
Department of Health  
**HEALTH FACILITIES AND SERVICES REGULATORY BUREAU**

ANNEX H-2  
A.O. No. 2016- \_\_\_\_\_

**CHECKLIST FOR REVIEW OF FLOOR PLANS  
BIRTHING HOME**

Name of Health Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_ Review: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**1. PHYSICAL PLANT**

- \_\_\_ **1.1 General Administrative Service**
  - \_\_\_ 1.1.1 Waiting Area
  - \_\_\_ 1.1.2 Business Area
  - \_\_\_ 1.1.3 Consultation and Treatment Room
  - \_\_\_ 1.1.4 Toilet and Bathroom
  - \_\_\_ 1.1.5 Janitor's Closet
  
- \_\_\_ **1.2 Clinical Service**
  - \_\_\_ 1.2.1 Birthing Room
    - \_\_\_ 1.2.1.1 Birthing Area
    - \_\_\_ 1.2.1.2 Sterile and Supply Storage Area
    - \_\_\_ 1.2.1.3 Newborn Resuscitation Area with Work Table
  - \_\_\_ 1.2.2 Scrub-up Area
  - \_\_\_ 1.2.3 Clean-up and Sterilization Room
  - \_\_\_ 1.2.4 Ward

**2. PLANNING AND DESIGN**

- \_\_\_ 2.1 Floor plans properly identified and completely labeled
- \_\_\_ 2.2 Conforms to applicable codes as part of normal professional service:
  - \_\_\_ 2.2.1 Exits restricted to the following types: door leading directly outside the building, interior stair, ramp, and exterior stair
  - \_\_\_ 2.2.2 Minimum of two (2) exits, remote from each other, for each floor of the building
  - \_\_\_ 2.2.3 Exits terminate directly at an open space to the outside of the building
  - \_\_\_ 2.2.4 Minimum of one (1) toilet on each floor accessible to the disabled
- \_\_\_ 2.3 Meets prescribed functional programs:
  - \_\_\_ 2.3.1 Main entrance of the birthing home directly accessible from public road
  - \_\_\_ 2.3.2 Ramp for clinical services located on the upper floor.
  - \_\_\_ 2.3.3 Admitting, records and business office located near the main entrance of the birthing home
  - \_\_\_ 2.3.4 Birthing Room located and arranged to prevent non-related traffic through the room
  - \_\_\_ 2.3.5 Scrub-up area recessed into an alcove or other open space out of the main traffic.

**COMMENTS:**

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Address: \_\_\_\_\_

**COMMENTS:**

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**HEALTH FACILITIES EVALUATION AND REVIEW COMMITTEE (HFERC)**

Approved       Disapproved

\_\_\_\_\_

Chairperson, HFERC

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Vice-Chairperson, HFERC

_____	_____	_____
Member	Member	Member

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Member	Member	Member

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