



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

ANNEX H-4

A.O. No. 2016- _____

**CHECKLIST FOR REVIEW OF FLOOR PLANS
DRUG TESTING LABORATORY**

Name of Health Facility: _____

Address: _____

Date: _____ Review: 1st _____ 2nd _____ 3rd _____

1. PHYSICAL PLANT

____ 1.1 **Client's Area** (minimum of 10 square meters)

____ 1.1.1 Lobby

____ 1.1.1.1 Client's Waiting/Reception Area
(to accommodate a minimum of 5 seats)

____ 1.1.1.2 Specimen Collection Area
(waterless unisex urinal)

____ 1.1.1.3 Hand washing Facility
(a lavatory or sink in counter, located outside
the specimen collection area)

____ 1.1.1.4 Specimen Receiving/Test Result Releasing Area
with transaction counter

____ 1.1.1.5 Staff's Toilet (optional)

____ 1.2 **Clinical Working Area** (minimum of 10 square meters)

____ 1.2.1 Countertop with glazed tiles or smooth laminated finish/
or its equivalent with stainless steel sink or lavatory

____ 1.2.2 Provision of Built-in Cabinets (for records and supplies)

____ 1.2.3 Space for Specimen Storage Refrigerator

____ 1.2.4 Encoding Area

____ 1.2.5 Biometrics/Webcam Area with transaction counter

2. PLANNING AND DESIGN

____ 2.1 Client's area and its room components shall be directly accessible to clients
upon entrance to the facility

____ 2.2 Clinical working area and its room components shall have restricted
access to clients and a partition with door opening for staff entry shall be provided

____ 2.2.1 Floor plans properly identified and completely labeled;
Signed and sealed by an architect/civil engineer

____ 2.2.2 Conforms to applicable codes as part of standard professional service

COMMENTS:



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Name of Health Facility: _____

Address: _____

COMMENTS:

HEALTH FACILITIES EVALUATION AND REVIEW COMMITTEE (HFERC)

[] Approved [] Disapproved

Chairperson, HFERC

Vice-Chairperson, HFERC

Member Member Member

Member Member Member

