



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

ANNEX H-3b
 A.O. No. 2016- _____

CHECKLIST FOR REVIEW OF FLOOR PLANS
NON-RESIDENTIAL DRUG ABUSE TREATMENT AND REHABILITATION CENTER (OUTPATIENT)

Name of Health Facility: _____

Address: _____

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

1. PHYSICAL PLANT

- ___ 1.1 Administrative Office
- ___ 1.2 Client Reception and Waiting Area
- ___ 1.3 Counselling and Testing Room
- ___ 1.4 Emergency Clinic (Consultation Room)
- ___ 1.5 Toilet with Lavatory (client)
- ___ 1.6 Staff toilet
- ___ 1.7 Indoor Activity Area
- ___ 1.8 Multipurpose Area

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
- ___ 2.3 Meets prescribed functional programs:
 - ___ 2.3.1 Main entrance of the facility directly accessible from public road
 - ___ 2.3.2 Assignment of function areas follows logical flow
 - ___ 2.3.2.1 Client reception area located near entrance and immediately accessible to client
 - ___ 2.3.2.2 Examination and treatment room near reception area
 - ___ 2.3.2.3 Counselling and testing room near the reception area
 - ___ 2.3.2.4 Administrative office near the entrance
 - ___ 2.3.3 Separate toilets for male and female clients

COMMENTS:



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Name of Health Facility: _____

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COMMENTS:

HEALTH FACILITIES EVALUATION AND REVIEW COMMITTEE (HFERC)

Approved Disapproved

Chairperson, HFERC

Vice-Chairperson, HFERC

Member

Member

Member

Member

Member

Member

