

**Reporting format/ Inspection Checklist**  
**Under the National Programme for Prevention & Management of Burn Injuries**  
**(NPPMBI) during the 12<sup>th</sup> FYP**

**Dated:**

Name of Medical College/District Hospital:

Address:

Details of the Nodal Officer:

- Name:
- Telephone No.:
- Email ID:

**Burn Injury Data:- for the last financial year**

	Number of Burn Injury Cases	During the Reporting Quarterly		Cumulative total (Till quarter ending)	
		OPD	IPD	OPD	IPD
1.1	Male				
1.2	Female				
1.3	Total (1.1 +1.2)				
1.4	Children (below 14 years) out of 1.3				
1.5	Discharged after treatment				
1.6	Died				
1.7	Corrective Surgeries conducted				

**1. Status of progress of establishment of Burn's Unit:-**

	Component	Progress	Reasons for delay (if any)
2.1	Status of Construction		
2.2	Status of Recruitment of Manpower		
2.3	Status of Procurement of Equipment		

Please annex details of all the above mentioned components as per the list attached.

**2. Financial Status:-**

	<b>Components</b>	<b>Funds Received from GOI</b>	<b>Expenditure incurred</b>	<b>Balance</b>	<b>SOE/UC Submitted Y/N</b>
3.1	Construction				
3.2	Recruitment of Manpower				
3.3	Procurement of Equipment				

**Please annex details of all the above mentioned components as per the list attached.**

3. Any problems/constraint faced in implementing the programme by the hospitals/ institution:

**Administrative:**

**Technical:**

- (a) Any other remarks/ technical guidance needed from Dte. GHS, M/oH&FW:

**(Signature of the Nodal Officer in the Hospital)**

**(Signature of the Head of the Hospital)**

**(Signature of the Inspection Team)**