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Diagnostic Imaging Services Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.5.	Interventional imaging should only be performed in a hospital-based setting, or could also be performed in a standalone diagnostic centre.				
5.10.2.	Install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.				
5.10.3.	Display appropriate signage with the type of service and working hours, clearly visible at the entrance of health facility.				
5.11.	The health facility shall ensure it has in place adequate lighting and utilities, including the following:				
5.11.1.	Temperature controls.				
5.11.2.	Water taps, sinks and drains.				
5.11.3.	Medical gases.				
5.11.4.	Lighting.				
5.11.5.	Electrical outlets.				
5.11.6.	Communications.				
5.14.	Policies and procedures on imaging pregnant females or females of child bearing age should be available.				
5.15.	Procedures should be in place for allowing the presence of comforters in cases when the patient is not able to undergo the required radiology procedure on their own.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Diagnostic Imaging Services Inspection Checklist-Final	CP_9.6.01_F42	1	May 15, 2023	May 15, 2026	1/6

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5.16.	The health facility providing diagnostic imaging services must develop and implement a policy to ensure that all patients are correctly identified when rendering a diagnostic imaging service by:				
5.16.1.	Matching a patient to their request; at least two ways to identify a patient, such as the patient's name, identification number, birth date, a bar-coded wristband, or other ways from the time the patient presents and through all stages of the diagnostic imaging service and when transferring responsibility of care;				
5.16.2.	Correctly matching patients with their intended diagnostic imaging service and the anatomical site and side (if applicable) of the diagnostic imaging procedure; and				
5.16.3.	Reporting, investigating, and responding to patient care mismatching events when they occur and implementing changes, where relevant, to reduce the risk of future incidents.				
5.19.	The radiation safety program requirements include:				
5.19.1.	Written radiation policies and procedures that support compliance with all applicable local and federal regulations.				
5.19.2.	Written policies and procedures for handling and disposal of infectious and hazardous materials.				
6	STANDARD TWO: HEALTH FACILITY REQUIREMENTS				
6.2.	The health facility shall install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications, and according to the technical advice delivered by the FANR registered or licenses service provider contracted with the facility.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Diagnostic Imaging Services Inspection Checklist-Final	CP_9.6.01_F42	1	May 15, 2023	May 15, 2026	2/6

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6.3.	The health facility shall ensure easy access to treatment areas for all patient groups including People of Determination. For further details refer to the Standard for People of Determination.				
6.4.	The facility shall maintain fire extinguishers and fire protection equipment and devices as per the Dubai Civil Defence requirements.				
6.7.	For anaesthesia care provision the following equipment shall be provided:				
6.7.1.	Reliable oxygen source with back up tank.				
6.7.2.	Airway equipment: appropriately sized oral airways, endotracheal tubes, laryngoscopes, normal masks and laryngeal masks.				
6.7.3.	Defibrillator				
6.7.4.	Double tourniquets if the practice performs Bier blocks				
6.7.5.	Pulse oximeter				
6.7.6.	Electrocardiographic (ECG) monitor				
6.7.7.	Temperature monitoring system for procedures lasting more than 30 minutes				
6.7.8.	Blood pressure apparatus with different size cuffs				
6.7.9.	Suction apparatus				
6.7.10.	Emergency crash cart				
6.8.	List of emergency medical equipment required in the diagnostic imaging service provider:				
6.8.1.	Defibrillator				
6.8.2.	Emergency Cart with Emergency medicines				
6.8.3.	Resuscitation Kit + Cardiac board + Oral airways				
6.8.4.	Diagnostic set				
6.8.5.	Patient trolley with IV stand				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Diagnostic Imaging Services Inspection Checklist-Final	CP_9.6.01_F42	1	May 15, 2023	May 15, 2026	3/6

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6.8.6.	Nebulizer				
6.8.7.	Refrigerator for medication storage				
6.9.	Storage areas for general medical, emergency supplies, medications and equipment shall be under staff control and out of the path of normal traffic.				
8	STANDARD FOUR: DIAGNOSTIC IMAGE QUALITY				
8.2.	The department shall develop a mechanism of accepting, declining, or referral of radiology requests based on clinical indication as per DHA referral guidelines.				
10	STANDARD SIX: TELERADIOLOGY				
10.6.	Equipment guidelines cover two basic categories of teleradiology:				
10.6.1.	Small matrix size (e.g., CT, MRI, ultrasound, nuclear medicine, digital fluorography, and digital angiography). The data set should provide a minimum of 512 x 512 matrix size at a minimum 8-bit pixel depth for processing or manipulation with no loss of matrix size or bit depth at display.				
10.6.2.	Large matrix size (e.g., digital radiography and digitized radiographic films). These images should be digitized to a matrix size corresponding to 2.5 lp/mm or greater measured in the original detector plane. These images should be digitized to a minimum 10-pixel byte depth.				
10.8.	The system shall include the following:				
10.8.1.	Annotation capabilities including patient name, identification number, date and time of examination, name of facility or institution of acquisition, type of examination, patient or anatomic part orientation (e.g., right, left, superior, inferior),				
10.8.3.	The capability to record a brief patient history is desirable.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Diagnostic Imaging Services Inspection Checklist-Final	CP_9.6.01_F42	1	May 15, 2023	May 15, 2026	4/6

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11 STANDARD SEVEN: EQUIPMENT MANAGEMENT					
11.2.1.	All equipment shall be installed and operated in accordance with manufacturer specifications.				
11.7.	A written policy for tagging medical equipment shall be maintained which includes:				
11.7.1.	PM with testing date and due date				
11.7.2.	Inventory number				
11.7.3.	Safety Checks				
11.14.	Each licensed Diagnostic Imaging Facility shall maintain a documented quality assurance program that includes quality control protocols for the equipment as follows:				
11.14.1.	Monitoring and evaluating the effective management, safety, and proper performance of all imaging equipment.				
11.14.2.	Comply with minimum frequencies of testing as defined by the written facility policies and procedures of the facility and with the manufacturers' guidelines when appropriate.				
12 STANDARD EIGHT: PATIENT SAFETY AND MANAGEMENT					
12.11.	Diagnostic imaging facilities must have an infection control and prevention program to identify and reduce the risks of acquiring and transmitting infections among patients, healthcare personnel, and visitors.				
12.12.	Requirements for proper hand hygiene shall include but not limited to:				
12.12.1.	Conveniently located hand wash basins, used only for washing purpose with hands free operating taps.				
12.12.2.	Wall mounted non-refilling liquid soap dispenser next to each hand wash basin.				
12.12.3.	Wall mounted paper towel in use.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Diagnostic Imaging Services Inspection Checklist-Final	CP_9.6.01_F42	1	May 15, 2023	May 15, 2026	5/6

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12.12.4.	Staff education on hand washing technique.				
12.15.	The health facility shall have in place a Falls Management Program for fall prevention.				
12.16.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English) as per the DHA Policy for Patient Rights and Responsibilities.				
12.17.	The health facility shall develop the following policies and procedures including but not limited to:				
12.17.1.	Disaster management.				
12.17.2.	Emergency action plan.				
12.17.3.	Incident reporting.				
12.17.4.	Sentinel events.				
12.17.5.	Medication management.				
12.17.6.	Patient acceptance criteria.				
12.17.7.	Patient assessment and admission.				
12.17.8.	Patient discharge.				
12.17.9.	Patient referral or transfer.				
12.17.10.	Quality improvement plan.				
12.17.11.	Management of healthcare information.				
12.17.12.	Patient education and Informed consent.				
12.17.13.	Patient privacy.				
12.17.14.	Staff job description, qualification and education.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Diagnostic Imaging Services Inspection Checklist-Final	CP_9.6.01_F42	1	May 15, 2023	May 15, 2026	6/6