

Training Venue Assessment Check List

[Training of Medical Officers on RI]

District : _____

Name & Designation of Assessor : _____

(Visit the Training Venue (RFWTC) and check availability of different modalities given in the check list.)

Training Venue

- | | | |
|----|--|--|
| 1. | Distance of the training venue from District Male and Female Hospital | _____ |
| 2. | Designated officer for overall management of training of MOs available | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. | Person/s making logistics arrangement before/during the training available | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. | Class IV employee/s available for the Classroom | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Classroom identified for Training

- | | | |
|-----|--|--|
| 4. | Large enough to comfortably accommodate 20-25 people | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. | Adequate furniture (4-5 tables & 25 chairs) available for the training | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. | Size of room adequate for arrangement of four working groups | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. | • If not, arrangement of additional adjoining rooms for group work | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. | Adequate arrangement/availability of (in classroom)- | |
| | a. Artificial light (bulbs or tube lights) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | b. Fans or Coolers | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | c. Cross Ventilation | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | d. Windows with curtains | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | e. Electricity Supply | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | f. Power backup (functional Generator) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. | Located away from any distractions such as traffic or noise | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. | Adequate arrangement of drinking water for participants/facilitators | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. | Appropriate Toilet facility for facilitators and participants | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Lodging arrangement for participants

- | | | |
|------|---|--|
| 12. | Lodging facility available at Training Centre | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If Not, | |
| 12.1 | • An identified place where participants can stay | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12.2 | • Identified place situated close to the training venue | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12.3 | • The place is appropriate and comfortable for stay | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | If Yes, | |
| 12.4 | • Would be available during the duration of training | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12.5 | • Appropriate for stay of facilitators and participants | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12.6 | • Able to provide meals (functional canteen available) | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Logistics availability at Training Venue

- | | | |
|-----|--|--|
| 13. | Which of the following required logistics are available and functional | |
| | a. OHP and White Screen for projection | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | b. TV and VCD Player | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | c. Black board or White board | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | d. Flipchart stand | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | e. Mike/microphone | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. | Is any usable and functional Vehicle available with Training Centre | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15. | Is any Field Demonstration Facility identified by the Training institute | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Date of assessment: ____/____/____

Signature of Assessor