

Checklist on Compliance with Land Grant Conditions

Name of Hospital: _____
 Land Lots: _____
 Compliance check for Year: _____

Table A – Submission of Documentation / Notification by hospital relevant to land grants

No.	Land Grant Conditions	Details	Date of Submission / Information	Date of Completeness of submission(s)
1	The Director of Health should be informed of fees to be charged in the hospital not less than once every six months	1.1 Notifications on fees schedule received over last 12 months _____ _____	1.1 _____	1.1 _____
2	Provision of free or low-charge beds and services as when required by the Director of Health to his satisfaction <i>(TWAH only)</i>	2.1 Location : _____ 2.2 Utilization : _____	1.1 _____ 2.1 _____	1.1 _____ 2.1 _____
3	Utilization statistics of hospital beds	3.1 Annual Statements of bed occupancy	3.1 _____	3.1 _____
4	Provision of not less than 20% hospital beds as low-charge beds <i>(TWAH and STH only)</i>	4.1 Number of hospital beds in related PTG sites(a) : _____ 4.2 Number of low- charge beds (b): _____	4.1 _____ 4.2 _____	4.1 _____ 4.2 _____

		4.3 Locations: _____	4.3 _____	4.3 _____
		4.4 Copies of five invoices of the following dates: _____ _____	4.4 _____	4.4 _____
		4.5 Percentage [(b)/(a)]x100: _____	4.5 _____	4.5 _____
5	Provision of free beds (<i>STH only</i>)	5.1 Number of free beds: _____	5.1 _____	5.1 _____
		5.2 Locations: _____	5.2 _____	5.2 _____
		5.3 Copies of ___ invoices of the following dates: _____	5.3 _____	5.3 _____
6	Audited Financial Statements	6.1 Financial statement for _____ (<i>year</i>) signed by auditors	6.1 _____	6.1 _____
		6.2 Certification on compliance with plough-back of profits to the improvement or extension of said hospital	6.2 _____	6.2 _____
		6.3 Certification on compliance with provision of free / low-charge beds	6.3 _____	6.3 _____
7	Other information as required by DH (<i>as appropriate</i>)	7.1 _____ _____ _____	7.1 _____	7.1 _____

Table B – Inspection

Item No.	Land Grant Conditions	Details	Date of Inspection	Name of Inspection Officers
1	Hospital services required by land grant	1.1 Provision of required facilities <input type="checkbox"/> Yes <input type="checkbox"/> No 1.2 Any other facilities approved by DH: _____	1.1 _____ 1.2 _____	1.1: _____ 1.2: _____
2.	Provision of not less than 20% hospital beds as low-charge beds <i>(TWAH and STH only)</i>	2.1 Number of low- charge beds: _____ 2.2 Locations: _____ 2.3 Copies of ___ invoices of dates specified by DH: _____	2.1 _____ 2.2 _____ 2.3 _____	2.1: _____ 2.2: _____ 2.3: _____
3	Provision of free beds <i>(STH only)</i>	3.1 Number of free beds: _____ 3.2 Locations: _____ 3.3 Copies of ___ invoices of dates specified by DH: _____ _____	3.1 _____ 3.2 _____ 3.3 _____	3.1: _____ 3.2: _____ 3.3: _____

Table C – Examination of documents

Item No	Land Grant Conditions	Findings	Date of Examination	Compliance
1	Financial statement		Date: _____ Officer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No and referred to LandsD
2	Provision of free or low-charge beds and services as when required by the Director of Health to his satisfaction and related invoices <i>(TWAH only)</i>		Date: _____ Officer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No and referred to LandsD
3	Provision of not less than 20% hospital beds as low-charge beds and related invoices <i>(TWAH and STH only)</i>		Date: _____ Officer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No and referred to LandsD
4	Provision of free beds and related invoices <i>(STH only)</i>		Date: _____ Officer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No and referred to LandsD
5	Hospital services required by land grant		Date: _____ Officer: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No and referred to LandsD

Table D – Outstanding Issues and follow up

Item No.	Details	Action Officer