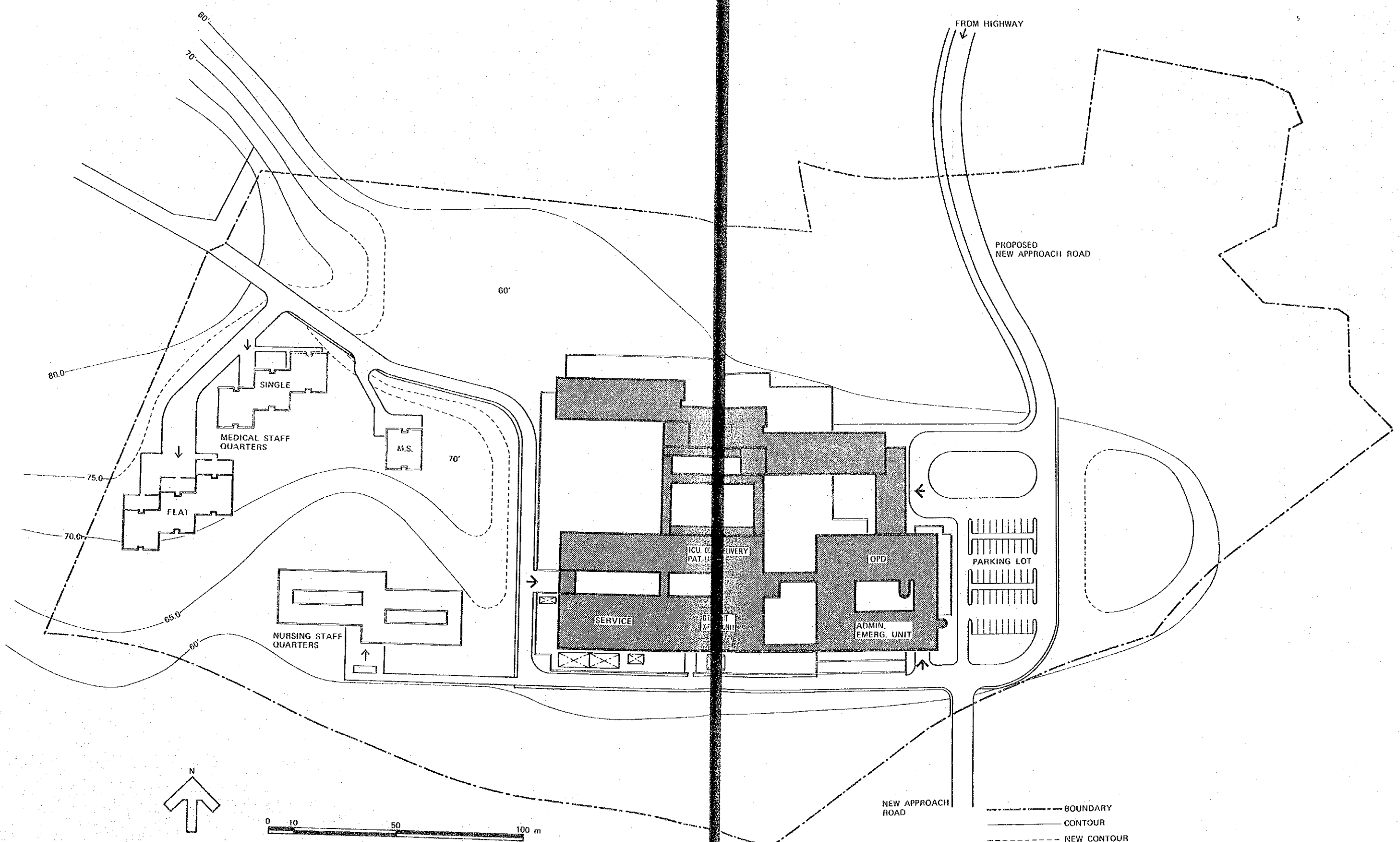
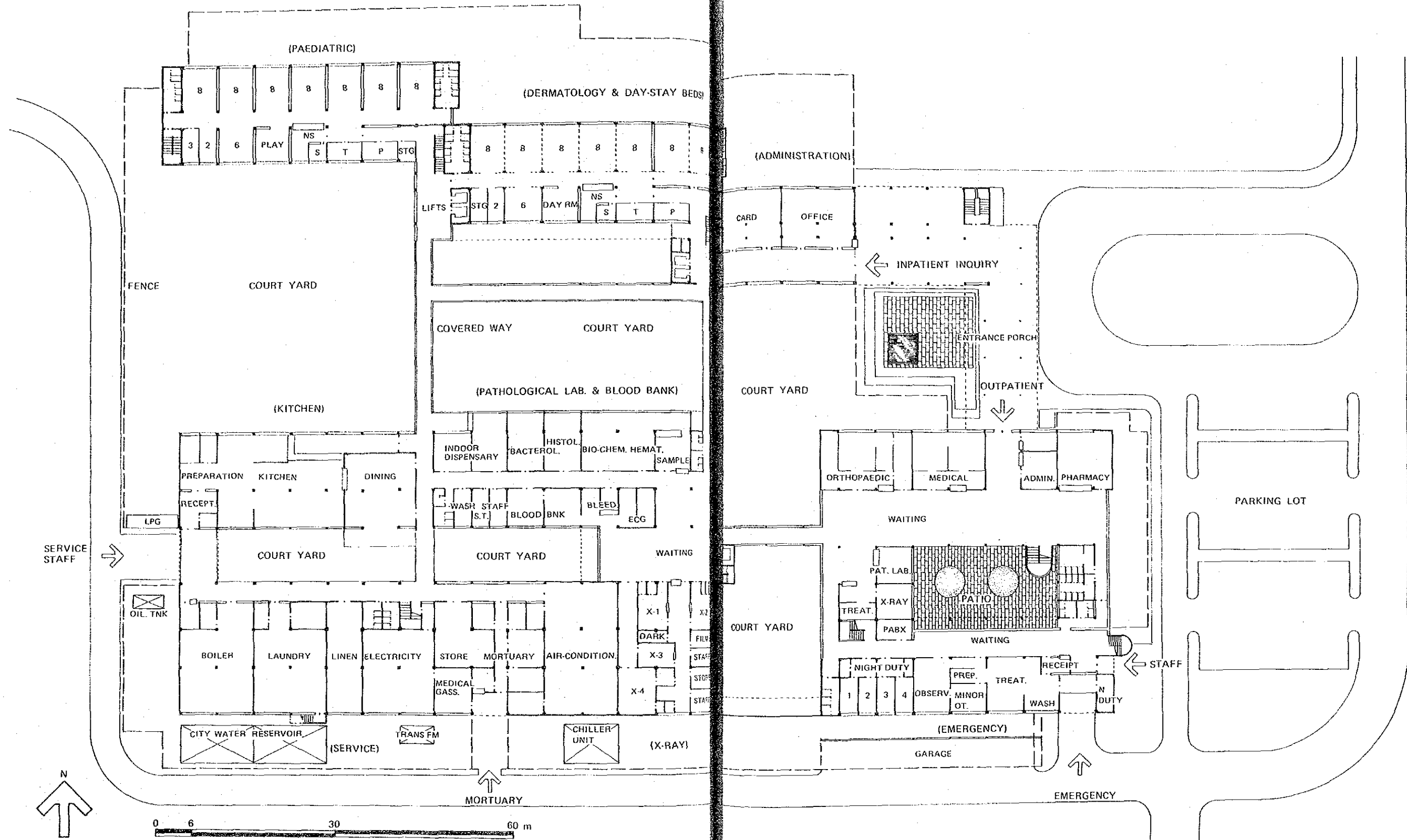
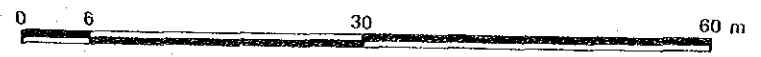
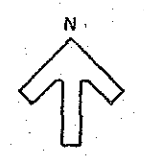
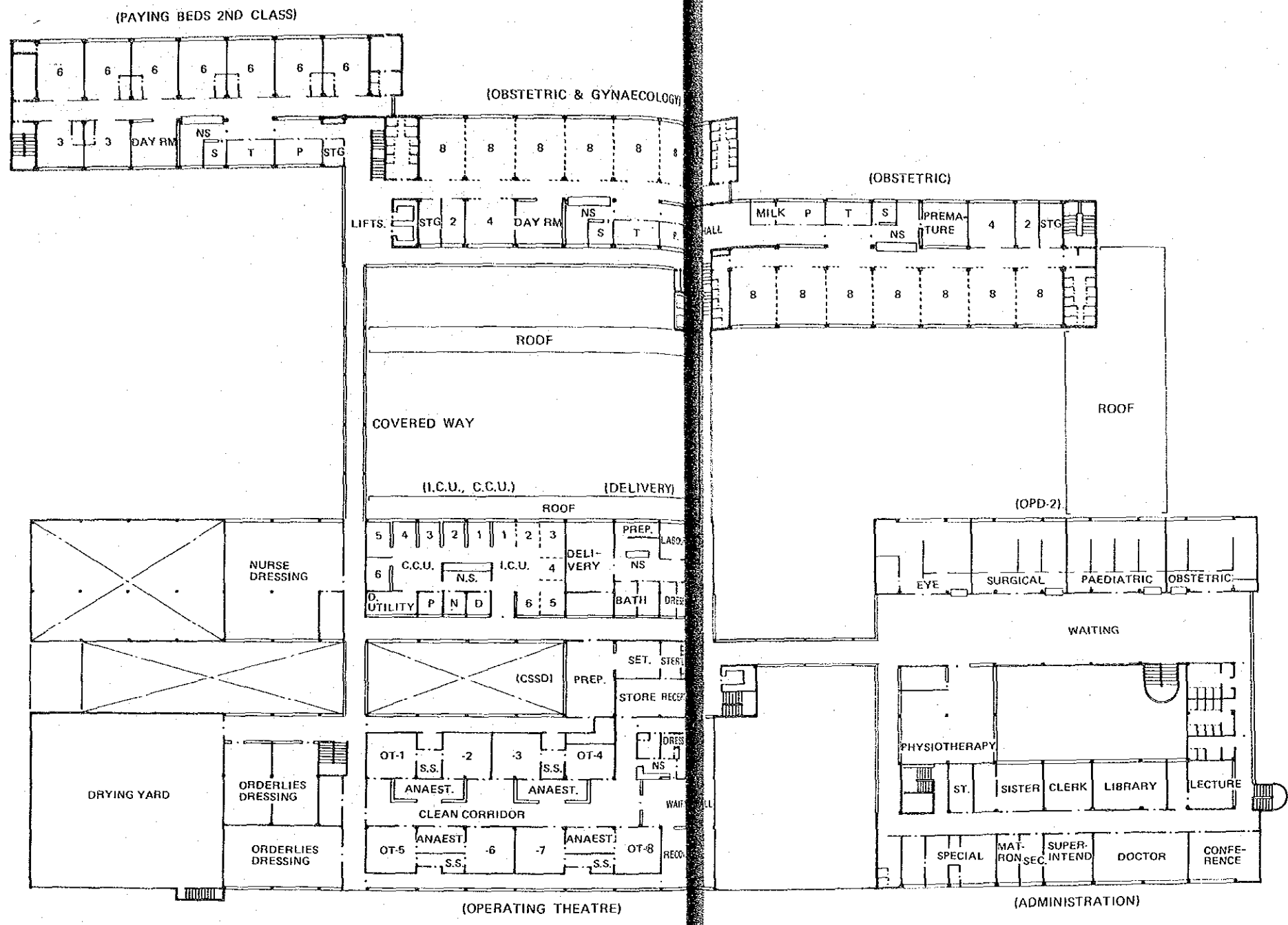


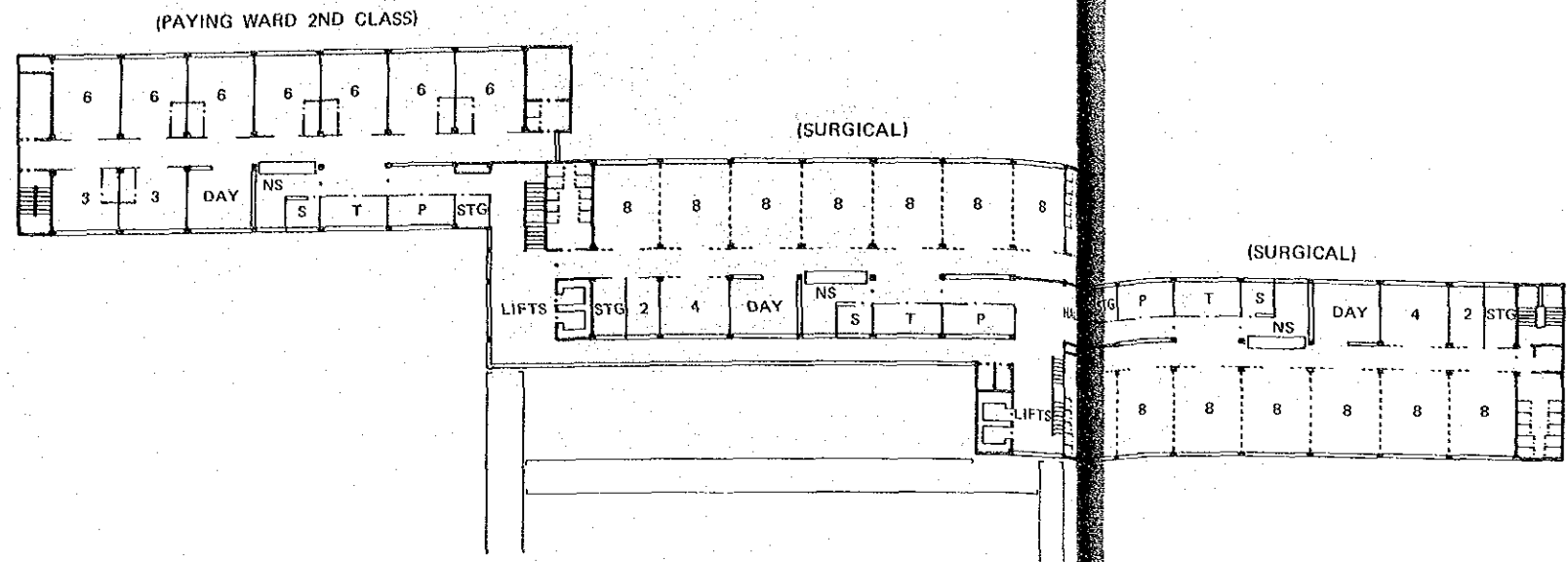
LIST OF DRAWINGS

- 01 MASTER PLAN
- 02 GROUND FLOOR PLAN
- 03 FIRST FLOOR PLAN
- 04 SECOND & THIRD FLOOR PLAN
- 05 FOURTH & FIFTH FLOOR PLAN
- 06 ELEVATION
- 07 SECTION
- 08 HOSPITAL STAFF QUARTERS

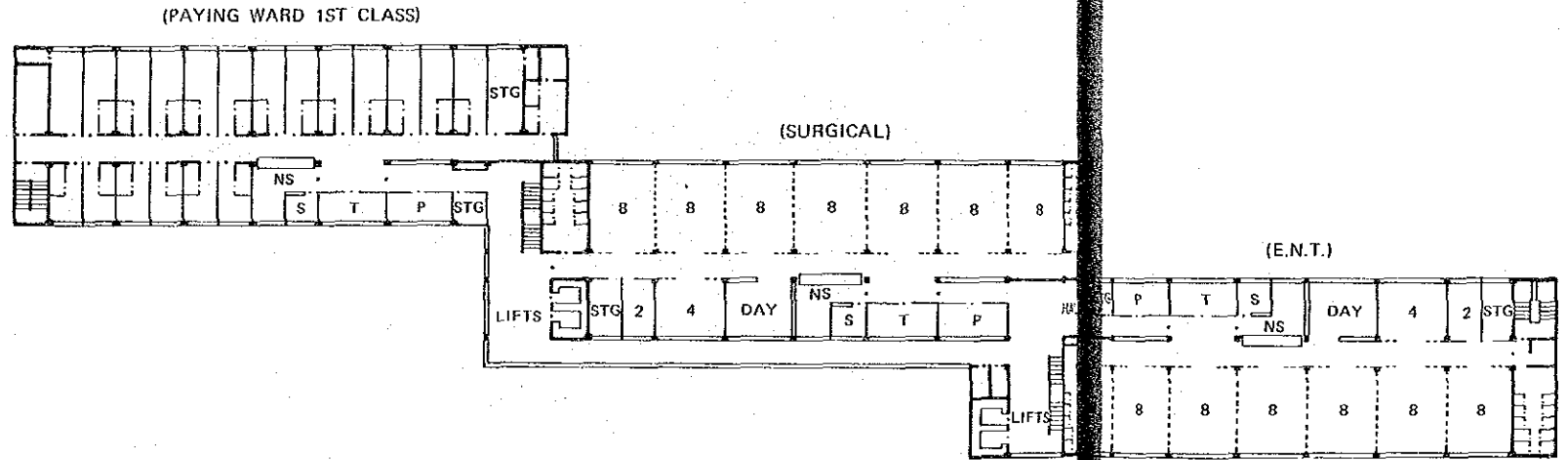




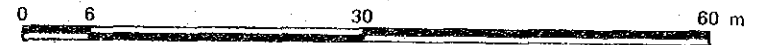
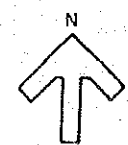


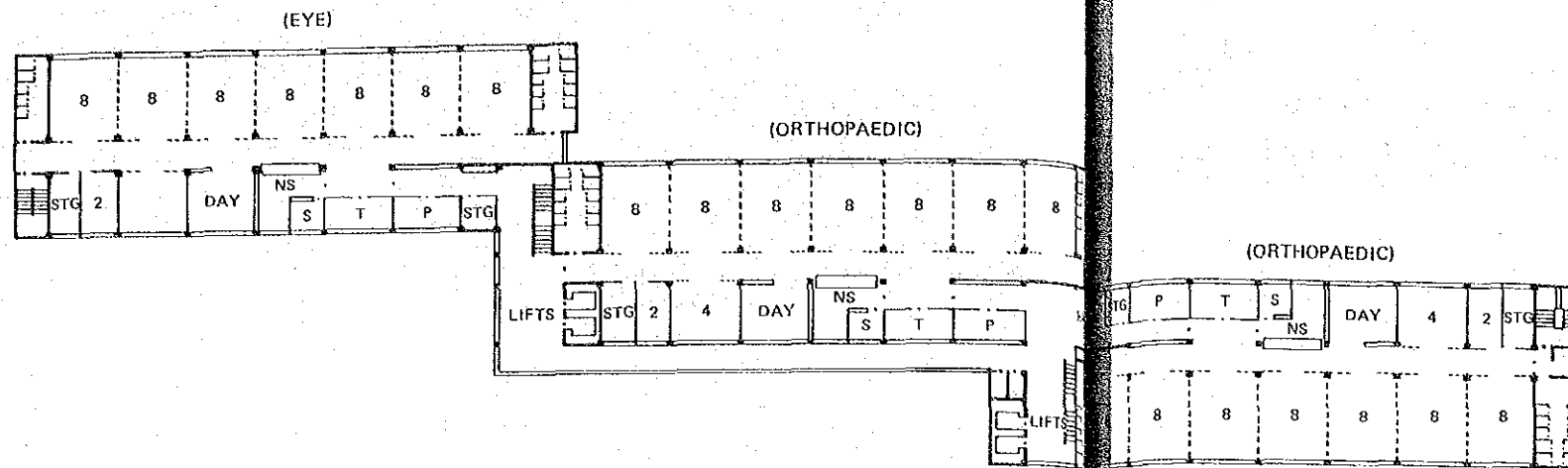


2ND FLOOR

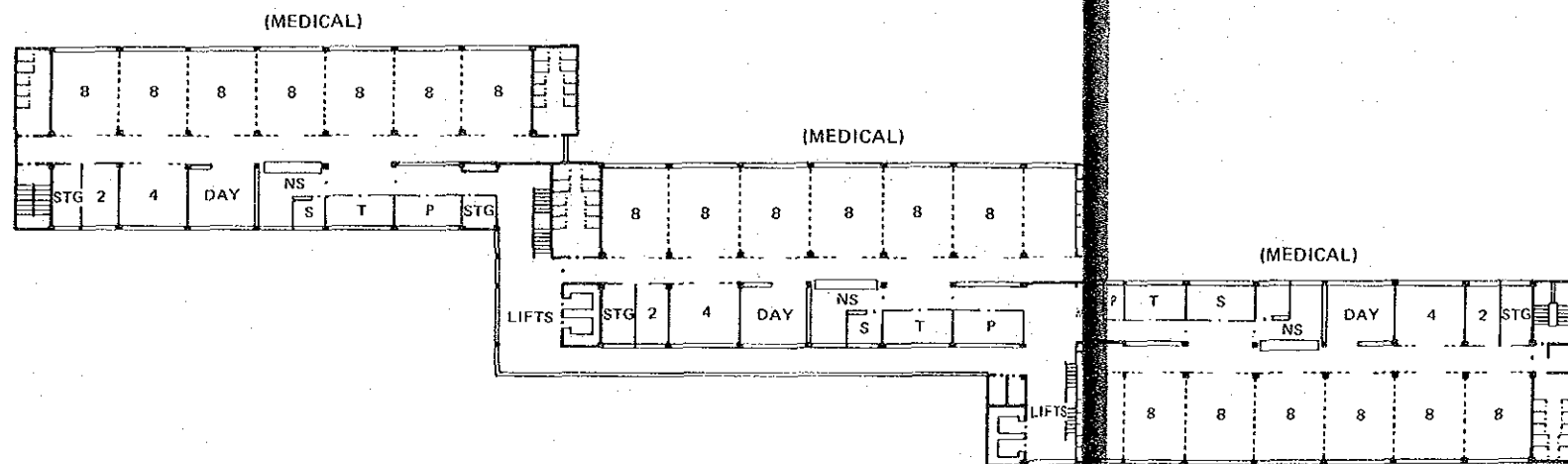


3RD FLOOR

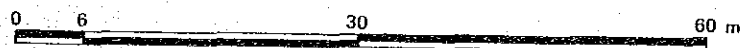
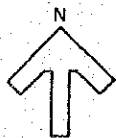


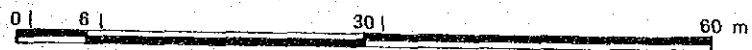
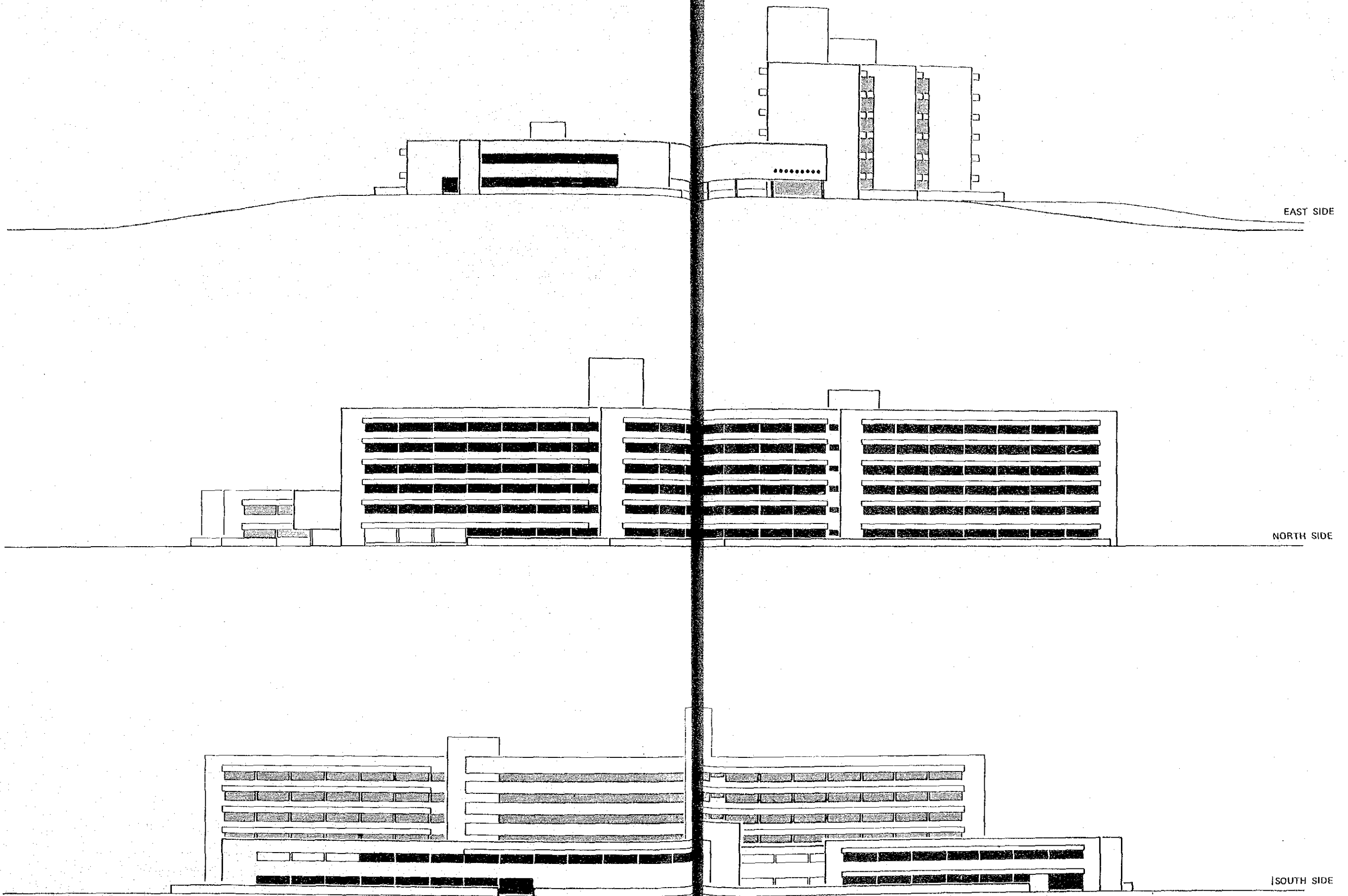


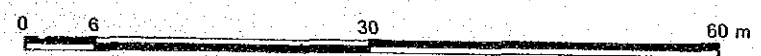
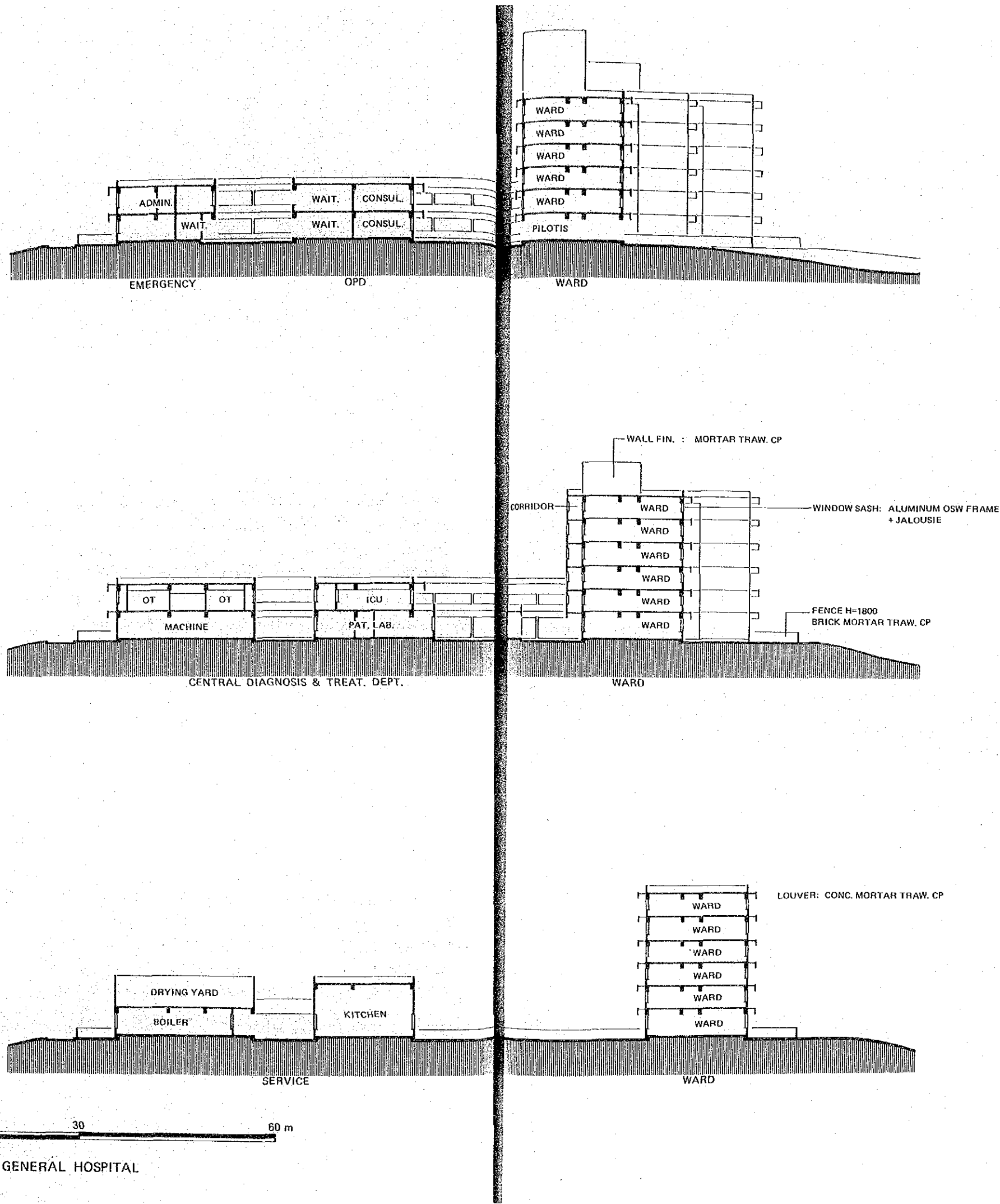
4TH FLOOR

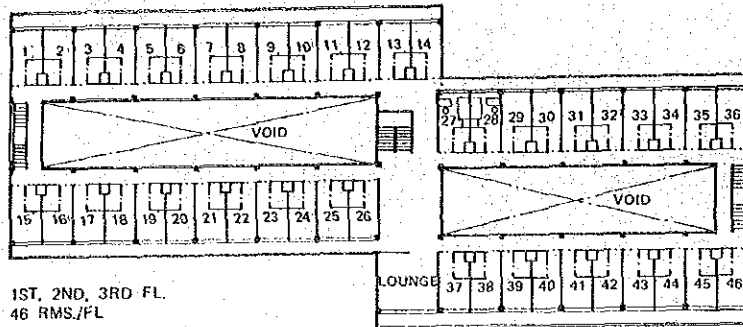


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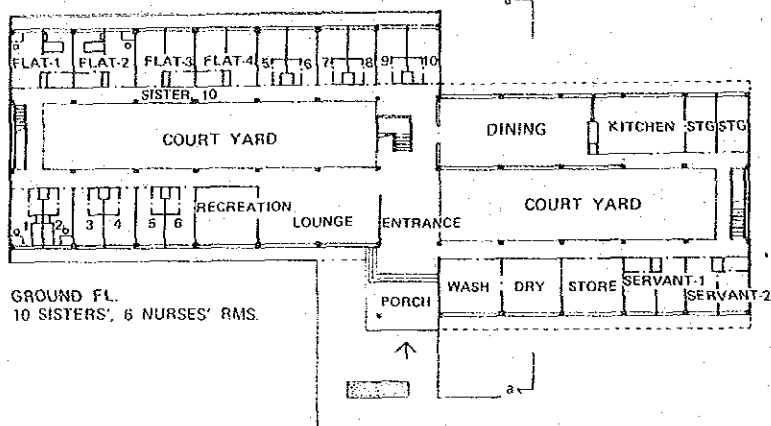






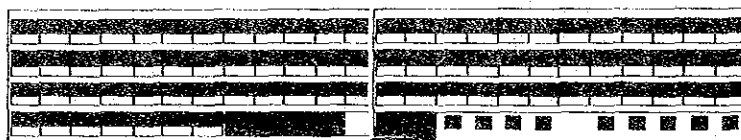


1ST, 2ND, 3RD FL.
46 RMS./FL

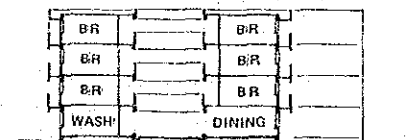


GROUND FL.
10 SISTERS', 6 NURSES' RMS.

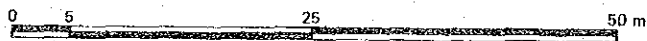
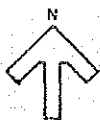
NURSING STAFF QUARTERS (154 RMS.)

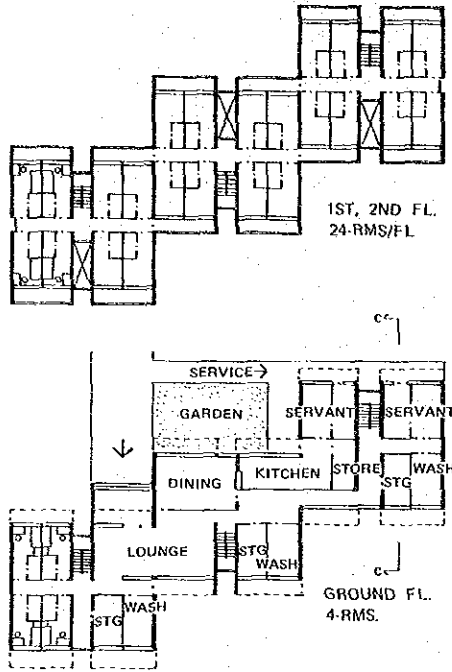
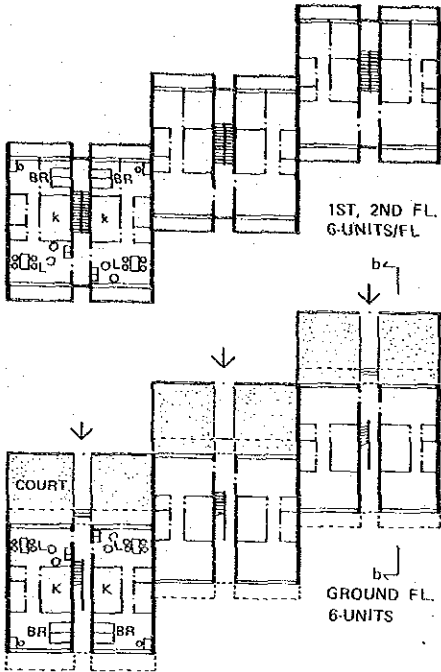


SOUTH SIDE



a-a SECTION



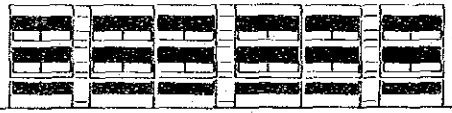


MEDICAL STAFF QUARTERS, FLAT (18 UNITS)

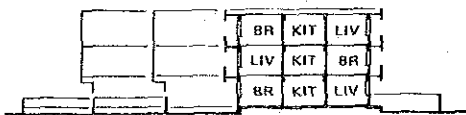
MEDICAL STAFF QUARTERS, SINGLES (52 RMS.)



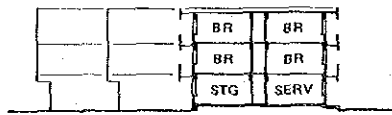
SOUTH SIDE



SOUTH SIDE



b-b SECTION



c-c SECTION

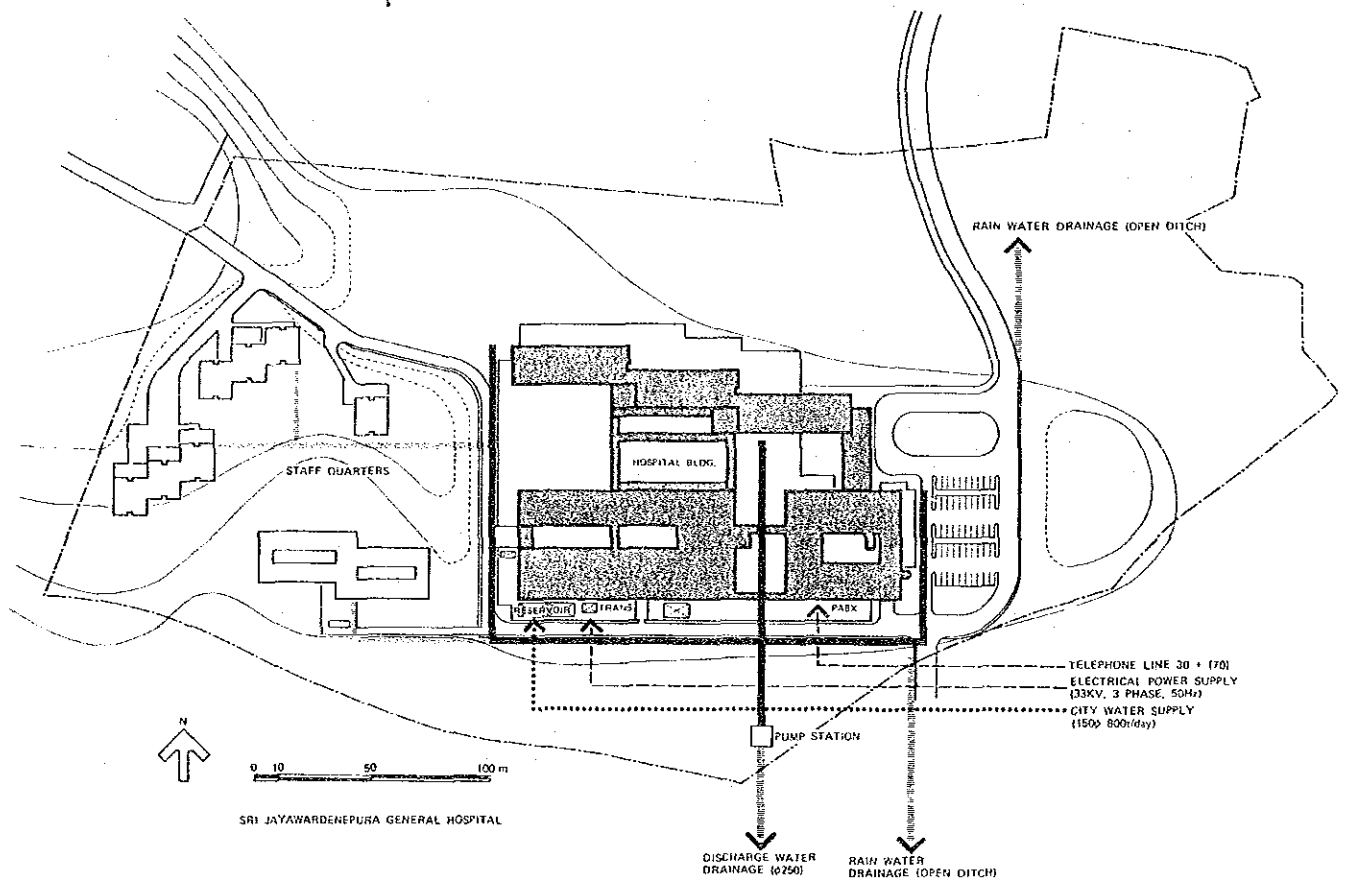


Fig. 7.1 Demarcation of Construction

Chapter 7. Demarcation of Construction

As the Demarcation of Construction, the construction of main hospital facilities will be carried out by the Japanese Government, and that of other necessary facilities as quarters for medical and nursing staff and the provision of the infrastructure will be carried out by the Sri Lanka Government.

Reclamation of the Site

The leveling and reclamation of the site is totally under the responsibility of Sri Lanka Government. The level of the reclamation is set at the height of 60ft., as shown in Fig.4.1 (p.22).

The reclamation will be completed by the end of 1980.

The completion of landscaping and the construction of precinct road will be executed by the Japanese Government.

Approach Road to the Site

The approach roads to the site will be constructed by the Sri Lanka Government.

Water Supply Facilities

The construction of the reservoir tanks and the supply system from the tanks will be carried out by the Japanese Government.

The extension of water supply pipe to the reservoir tanks will be carried out by the Sri Lanka Government.

Drainage Facilities

The construction of the drainage system within the site and the sewage pump station will be carried out by the Japanese Government.

The construction of the discharge pit out from the site and the extension of drainage from the pump station will be carried out by the Sri Lanka Government.

Power Supply Facilities

The provision of the main circuit breaker and two transformers with capacity of 750KVA each will be carried out by the Japanese Government.

The extension of power lines to the above facilities will be carried out by the Sri Lanka Government.

Telephone Facilities

The extension of telephone lines to the main distribution panel (MDF) in the telephone exchange room will be carried out by the Sri Lanka Government.

The main distribution panel and the facilities after the panel will be installed by the Japanese Government.

Quarters for Hospital Staff

The construction of quarters for the hospital superintendent, doctors and nurses will be carried out by the Sri Lanka side. Also, the external work necessary for the quarters, such as the provision of walkway, parking area, water supply, power supply, will be executed by the Sri Lanka side.

Chapter 8. Design and Construction Schedule

The schedule consists of three periods, detailed design, tendering, and construction.

Detailed Design

About six months will be required for this Period.

The tender documents will be elaborated based on this Basic Design Report. During this period confirmations will be made to the Sri Lanka side in three stages, preliminary, intermediary, and final stage.

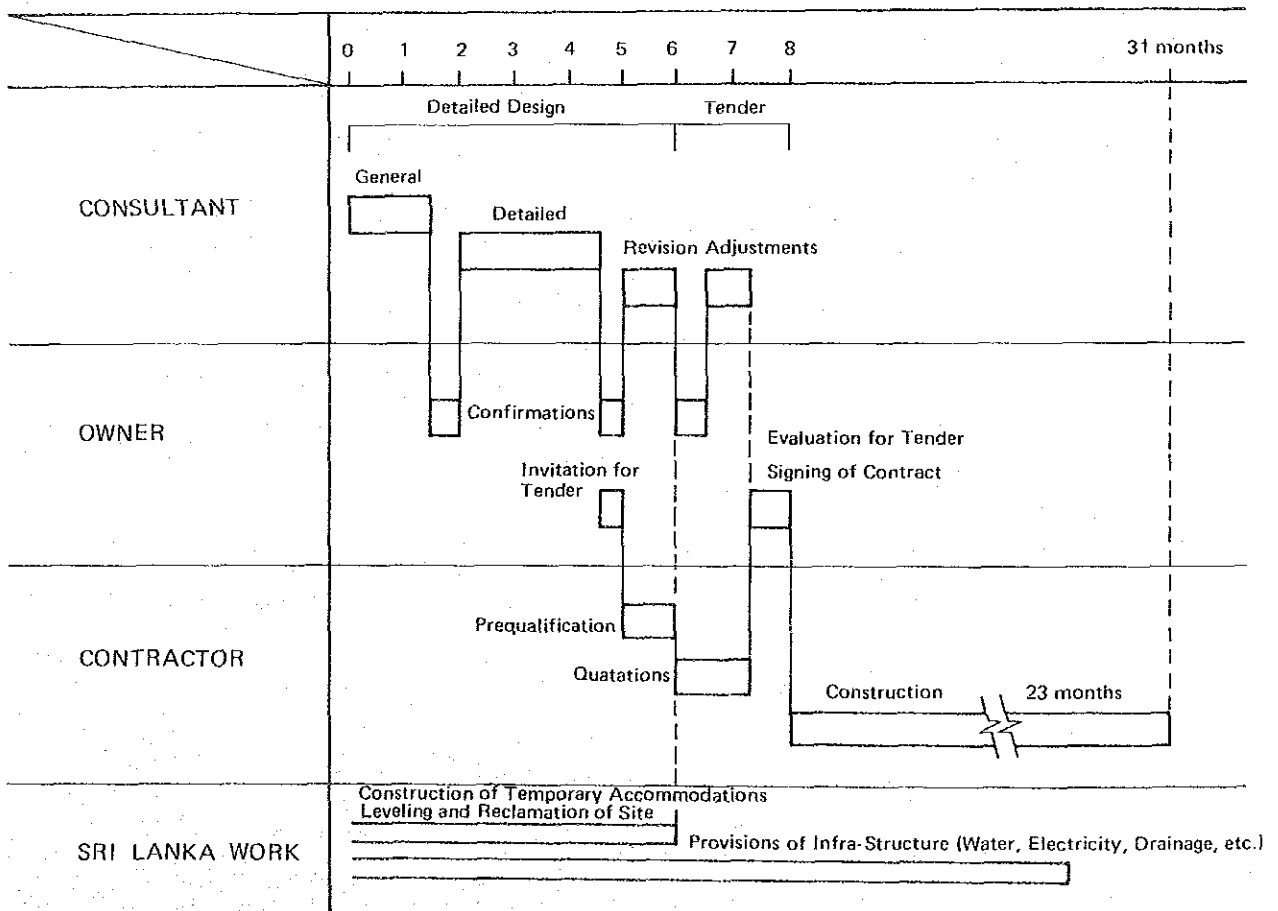
Tendering

About two months will be required for this period.

The Pre-qualification for the contractor, the invitation for Tender, the evaluation for Tenderer and the signing of contract are the main actions within this period.

Construction

About twenty three months will be required for the construction including the installation of medical equipments.



Chapter 9. Evaluations of the Project

The main issue of the hospital service in Sri Lanka is to enlarge the capacity of in-patient care than to overcome rare obstinate diseases. This is also apparent from the fact that the share of ward floor area in the total floor area is quite big at both general hospitals in Colombo and in Kandy compared with the figures of Japanese general hospitals. (Fig. 9.1)

The concentration of patients in main hospitals, the congestion in wards, and the existence of floor patients are the signs of the nationwide qualitative and quantitative needs of medical facilities. Under these conditions, there are enough reasons for Sri Lanka to manage hospitals by providing more beds and in-patient facilities and by taking care of more patients with limited doctors and nurses.

The above analysis shows that the concerned hospital has quite different characteristics from so-called "large-scale hospitals" in Japan. To clarify the difference and the applicability of the hospital, the detailed analysis on the staff allocation, the bed strength, the types of nursing units, and the per bed hospital floor area is shown in the following.

Staff Allocation

The data presented by the Sri Lanka side on the staff allocation is shown as Fig.3.4 (p.19). The ratio of beds to staff is nearly 1:1. When compared according to four classifications of medical, nursing, para-medical, and administrative staff, the allocation rate of nursing staff is quite higher than that of the General Hospital, Kandy. (Fig.9.2)

A consultant or a sister or both are allotted in every ward and main diagnostic or treatment units. The number of ward nurses totals 369, which is 2.7 beds per a nurse and fullfills the Japanese level of standard nursing.

For above reasons, the staff allocation is ward-oriented and is adequate on condition that the recruitment and training is carried of smoothly and adequately.

Bed Strength

As mentioned before the increase of the bed strength is needed. However, there is a certain limit for adequate management due to the staff organization and the building scale according to the increase of bed strength. This limit may differ in line with the country's health situation. In Sri Lanka the present bed strength of general hospitals varies from 500 to 2500 beds. In this sense the 1000-bed scale is applicable. (Fig. 9.3)

Beds Const. Year	Total Floor Area Per Bed Floor Area						
	WARD	OPD	CDTO	Admin.	Serv.		
Japanese General Hospital 63 B 1970	830 m ²		300 m ²	440 m ²	180 m ²	410 m ²	2,160 m ² 34.3 m ² /B
" 100 B 1969	1,470 m ²		450 m ²	760 m ²	400 m ²	660 m ²	3,740 m ² 37.4 m ² /B
" 140 B 1970	2,450 m ²		580 m ²	1,410 m ²	410 m ²	1,070 m ²	5,920 m ² 42.3 m ² /B
" 200 B 1973	4,290 m ²		1,420 m ²	2,070 m ²	1,000 m ²	2,140 m ²	10,920 m ² 54.6 m ² /B
" 279 B 1972	4,880 m ²		2,000 m ²	2,600 m ²	1,000 m ²	1,740 m ²	12,280 m ² 44.0 m ² /B
" 348 B 1967	6,670 m ²		1,790 m ²	3,330 m ²	1,270 m ²	3,310 m ²	16,380 m ² 47.1 m ² /B
" 387 B 1970	8,630 m ²		3,070 m ²	3,690 m ²	1,440 m ²	3,790 m ²	20,620 m ² 53.3 m ² /B
" 402 B 1975	9,420 m ²		3,370 m ²	5,820 m ²	2,920 m ²	4,050 m ²	25,580 m ² 63.6 m ² /B
" 443 B 1970	9,080 m ²		3,890 m ²	5,060 m ²	2,390 m ²	3,270 m ²	23,690 m ² 53.5 m ² /B
" 102 B 1973	23,940 m ²		3,090 m ²	11,370 m ²	5,190 m ²	6,990 m ²	50,580 m ² 50.5 m ² /B
General Hospital Colombo 2500 B	30,011 m ²			9,007 m ²	878.5 m ²	17,080 m ²	56,338 m ² 22.5 m ² /B
General Hospital Kandy 1250 B	16,662 m ²			8,827 m ²	785 m ²		27,346 m ² 21.9 m ² /B
Proposed General Hospital 1000 B	14,722 m ²			3,024 m ²	3,168 m ²	3,060 m ²	26,187 m ² 26.2 m ² /B

Fig. 9.1 Comparison of Floor Area Allocation among Departments

	Medical	Nursing	Para-Medical	Admin.	TOTAL
Kandy General Hospital	130	776	77	272	1255
Proposed General Hospital	81	1124	63	127	1395

Fig. 9.2 Comparison of Staff Allocation

General Hospital	Colombo	Colombo South	Kalutara	Kandy	Galle	Ratnapura
2,500 Beds	606	530	1,250	691	632	

Fig. 9.3 Bed Strength of Major General Hospital in Sri Lanka

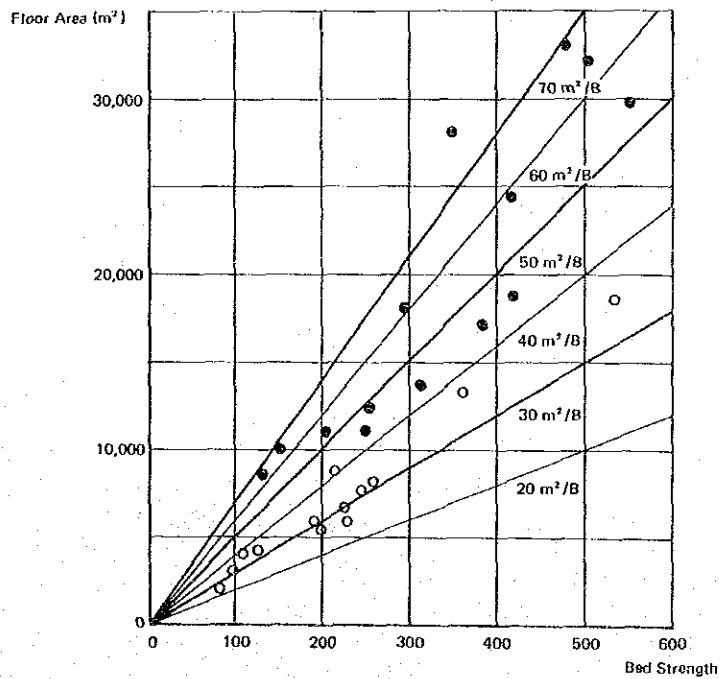


Fig. 9.4 Bed Strength and Floor Area of Japanese Hospitals

● Reported in 1980
○ Reported in 1965

Types of Nursing Units

Types and number of nursing units are as follows; Medical 3, Surgical 3, Obstetric and Gynecology 2, Paediatric 1, Orthopaedic 2, Ear-Nose-Throat 1, Eye 1, Dermatology 1, Day Stay 1, Paying 2. This allocation is similar to those of other general hospitals.

The concerned hospital will not take care of cases of infectious diseases, cancer nor psychiatry. It will cooperate and be interdependent with special hospitals in Colombo.

Per Bed Hospital Floor Area

The floor area of the hospital is about 26 m² per bed. The figure is based on existing hospitals in Sri Lanka, as in the General Hospital, Colombo about 23 m² and in the General Hospital, Kandy about 22 m². The rapid increase of hospital floor area in Japan has been achieved very recently. The per bed floor area of newly-built hospitals was 20~40 m² in the 1965 Report, while the figure jumped abruptly to 40~70 m² in the 1980 Report. This drastic increase of floor area of Japanese hospitals mainly is the result of complete provisions of diagnostic and treatment units due to the never-stopping advancement of therapeutic measures. (Fig. 9.4)

Based on this idea the measures are taken in the hospital design to cope with the future growth and change of diagnostic and treatment units.

The construction of the proposed hospital is effective and urgent as a government assistance in following points.

Relaxation of Hospital Congestion and Development of Medical Service

The project will increase the bed-strength and will moderate the congestion of patients and difficulties of medical service in the General Hospital, Colombo. The opening of well-planned modern hospital will enhance the standard of medical service.

Medical Staff Training

The realization of a well-equipped general hospital will enable the post-graduate training. This will be effective in the training of medical staff and also will be a turning point to provide the opportunity for the doctors to practice the higher level clinical service.

Medical Centre for New Capital

The hospital construction in the New Capital Development Area will enable the hospital to provide medical service to the rapid growing population in the area.

Contribution to Government Health Budget

The construction of the new hospital by the grant aid will reduce the capital investment of the new facilities of the Ministry of Health budget and contribute to utilize the fund for the direct service.

Contribution to Economic Policies

The hospital construction will contribute to the completion of the New Capital Development Plan, one of the major development project in Sri Lanka. It will also be beneficial by introducing more jobs, by strongly encouraging the provision of the infra-structure, and such.

Chapter 10. Suggestions

1. Prior to the construction of the hospital, the reclamation of the site should be completed. The electricity, telephone lines, water, and the road necessary for the construction should also be provided.
2. During the construction of the hospital, the infra-structure, as the access road, the water supply and the drainage, the power supply, and the extension of telephone lines, should be installed according to the schedule of the construction.
3. During the construction period engineers and technicians who will be responsible for the maintenance of the building, the operation of accommodated devices and the handling of medical equipments should be appointed and trained, so that they will have a thorough knowledge of devices and equipments in the hospital. The concerned engineers and technicians should be restricted to the post at least until replacements are available.
4. Administering personnel, as the medical superintendent, the matron, and consultants should thoroughly be aware of design proposals, so that an adequate system will be established for smooth operation of facilities, especially of the control operating theatre unit, the delivery unit, the central sterile supply division, and the pathological laboratory.
5. Following the completion of the hospital, a system for periodical inspections and successive maintenance by the experts should be established to check breakdowns in and to supply spare-parts and articles of consumption to the medical equipments and installed devices.
6. To proceed above mentioned items concerning the maintenance and the management of the hospital, the sufficient amount of budget should be allocated and the training program for the hospital staff should be established.

Chapter 11. Dispatch of the Survey Team

For the planning and design of the hospital concerned, survey teams have been dispatched for the Preliminary Survey, the Basic Design Survey and the Final Survey.

11.1 Members of the Survey Team

Preliminary Survey Team (June 1980)

- Leader Dr. Mitsuo Homma Professor of Internal Medicine
School of Medicine
Keio University
- Member Dr. Hisaya Ishibiki Associated Professor of Surgery
School of Medicine
Keio University
- " Mr. Katsuhiko Ohshima Coordinator
Social Development Cooperation Department
Japan International Cooperation Agency
- " Mr. Toshitaka Aiga Architect
Designing Department
Kume Architects-Engineers
- " Mr. Hidefumi Inoue Architect
International Department
Kume Architects-Engineers

Basic Design Survey Team (July 1980)

- Leader Dr. Mitsuo Homma Professor of Internal Medicine
School of Medicine
Keio University
- Member Dr. Jyotaro Yokoyama Associated Professor of Surgery
School of Medicine
Keio University
- " Mr. Katsuhiko Ohshima Coordinator
Social Development Cooperation Department
Japan International Cooperation Agency
- " Mr. Toshitaka Aiga Architect
Designing Department
Kume Architects-Engineers
- " Mr. Seiichi Matsuda Architect
International Department
Kume Architects-Engineers
- " Mr. Shigeru Nakabayashi Mechanical Engineer
Mechanical Engineering Department
Kume Architects-Engineers
- " Mr. Hidefumi Inoue Architect
International Department
Kume Architects-Engineers
- " Mr. Kyoichi Izawa Consultant of Medical Equipments
Showakai

Final Survey Team (November 1980)

• Leader	Dr. Mitsuo Homma	Professor of Internal Medicine School of Medicine Keio University
• Member	Mr. Yuji Kashihara	Coordinator Grant Aid & Procurement Department Japan International Cooperation Agency
• "	Mr. Toshitaka Aiga	Architect Designing Department Kume Architects-Engineers
• "	Mr. Hidefumi Inoue	Architect International Department Kume Architects-Engineers

11.2 Sri Lanka Authorities Concerned

Ministry of Health

Mr. Gamini Jayasuriya	Minister
Mr. B.C. Perera	Secretary
Dr. S.D.M. Fernando	Deputy Director Department of Medical Service

General Hospital, Colombo

Dr. R. Peiris	Doctor of Orthopaedics
Dr. N. Nagaratram	Doctor of Medicine

Ministry of Local Government, Housing and Construction

Mr. S.W. Molligoda	Chief Architect Department of Buildings
Mr. L. Mutukmarana	Chief Architect Urban Development Authority
Mr. S.H.N. de Silva	Architect Department of Buildings

11.3 Japanese Officials in Sri Lanka

Embassy of Japan in Sri Lanka

Mr. Kazuo Chiba	Ambassador Extraordinary and Plenipotentiary
Mr. Keisuke Ochi	Former Ambassador Extraordinary and Plenipotentiary
Mr. Makoto Asami	Counselor
Mr. Satoshi Arai	First Secretary

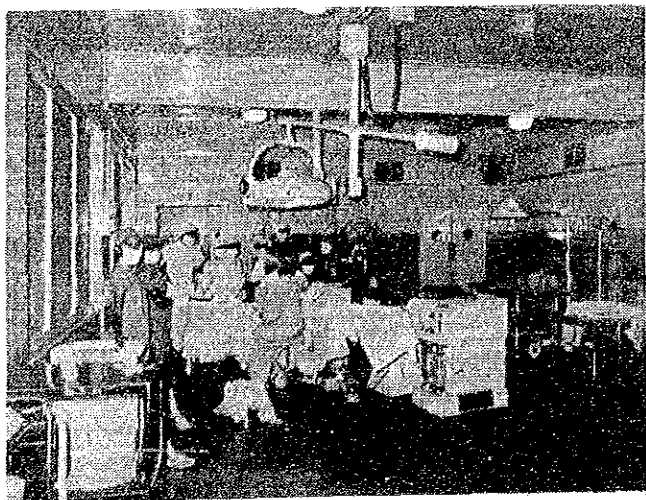
11.4 Records of the Survey



Interview with President Jayewardene
(June 3, 1980)



Signing of Minutes, Preliminary Survey
Professor Homma and Dr. Fernando (June 11, 1980)



Inspection of General Hospital, Colombo
Operation Theatre (June 5, 1980)



Discussion on Provisions of Infra-Structure
at Urban Development Authority (July 31, 1980)



Signing of Minutes, Basic Design Survey
Mr. Ohshima and Dr. Fernando (July 31, 1980)



Inspection of General Hospital, Kandy
Medical Ward (June 7, 1980)

Minutes of Meeting

on

Preliminary Study for the Establishment of the Jayawardenapura
Hospital at Kotte in the Democratic Socialist Republic of Sri Lanka

In response to the request made by the Government of the Democratic Socialist Republic of Sri Lanka, the Japan International Co-operation Agency (JICA) an official agency responsible for the implementation of technical co-operation program of the Government of Japan, has conducted the preliminary study for the establishment of the Jayawardenapura Hospital at Kotte in close co-operation with the Sri Lanka Authorities concerned.

The team headed by Prof. M. Homma, Keio University stayed from June 3 to June 12, 1980. The Sri Lankan team was headed by Dr. Malinga Fernando, Chairman of this Committee on development of Jayawardenapura Hospital.

Having completed a series of meetings and site visits, both sides confirmed the following points: -

1. The proposed hospital is defined as a general hospital with teaching facilities for post graduate medical students. The medical services of this hospital will cover not only Kotte, the New Capital Area, but also the Greater Colombo Area, meaning this hospital will be the core to enhance the country's medical service level.

During the discussions, expectations for the number of beds was emphasized by the Sri Lanka team. Items identified of the Hospital are as follows: -

- (a) The necessity of hospital in Kotte
- (b) The status and level of the Hospital
- (c) Services to be offered by the Hospital, both the out-patient department and the in-patient department

- (d) Administration and operation of the Hospital
- (e) Facilities of the Hospital
- (f) Priority of the facilities

2. In order to facilitate the construction of the Hospital, the Government of Sri Lanka has established the Jayawardenapura Hospital Implementation Committee.

The Committee will be responsible for the co-ordination of action of the organs within the Government of Sri Lanka as well as liaison on behalf of the Government of Sri Lanka with the Government of Japan through the Embassy of Japan in Sri Lanka.

The members of the committee are listed in Appendix 'A'.

3. The Government of Sri Lanka will take necessary measures to enable the Government of Japan to take initial steps to prepare the basic design for the construction of the hospital.

- (a) The Hospital site has already been acquired for the sole use of the Hospital. The site has an area of about 24 acres and is located at Talapatpitiya.

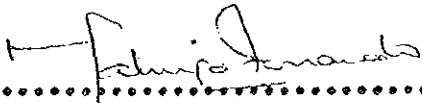
Location and area maps are as attached in Appendix 'B'.

- (b) The government of Sri Lanka will ensure the free access to the site for the people concerned with this project from June 11, 1980.
- (c) The Government of Sri Lanka will complete and provide the result of the topographical survey and site investigation to the Government of Japan by the end of August.

The details of requirement of survey are as attached in Appendix 'C'.

4. The construction schedule of the infrastructure of the site such as water supply, sewage treatment, storm water discharge, power supply, telephone installation, site reclamation, is attached as Appendix 'D'.
5. Japanese team has recognized the necessity of the Hospital and will recommend to the Government of Japan that the Basic Design Study Team shall be assigned as soon as possible.

June 11, 1980,



.....
Chairman, Jayawardenapura Hospital
Development Committee
(Dr. Malinga Fernando)



.....
JICA Team Leader
Prof. Mitsuo Honma

APPENDIX 'A'

Sri Lanka Team -

Dr. S.D.M. Fernando (Chairman)
Dr. Rienzie Peiris
Dr. R.P. Jayewardene
Dr. N. Nagaratnam
Mr. Lalith Mutukmarana
Mr. S.W. Molligoda
Mr. S.H.N. de Silva

Japanese Team -

Dr. Mitsuo Homma (Team Leader)
Dr. Kyuya Ishibiki (Surgeon)
Mr. Katsuhiko Oshima (Coordinator)
Mr. Toshitaka Aiga
(Architectural Planning)
Mr. Hidefumi Inoue
(Architectural Planning)

APPENDIX 'C'

The preliminary survey works and tests required at the project site will be the following: -

- (a) The survey map submitted to the Japanese team shall be re-examined and revised more accurately.
- (b) Soil bearing capacity values, to be obtained by boring tests (measurement of the N value) at six points with a depth of about 10m and one with 15m. The boring test should strictly comply with the appropriate standards.

**Minutes of Discussions between the Japanese
Team and Sri Lanka Team**

Basic Design study for the establishment of the Jayawardenapura General Hospital at Kotte in the Democratic Socialist Republic of Sri Lanka.

The Japanese basic design study team on the General Hospital at Kotte headed by Prof. M. Homma, Keio Univ. was dispatched to Sri Lanka from 22nd of July to 2nd of August, 1980 by the Government of Japan with the view to discuss the various points related to the construction of the said Hospital with the representatives of the Government of Sri Lanka, headed by Dr. Malinga Fernando, Chairman of the Hospital Development Committee. Having completed a series of meetings, both sides agreed on the following points: -

0. Name of the Hospital
1. The Sri Lanka Team expressed that the said Hospital should have a thousand-bed seated hospital. The Japanese Team explained that the scale of facilities of the Hospital will be decided mainly from the budgeting consideration of the Japanese Government. The Sri Lankan Team fully understood the above explanation.
2. Both sides exchanged views on the basic facility planning proposed by the Japanese Team. The Japanese Team will make a further study and take some comments made by the Sri Lanka Team into consideration to finalize the master plan for the Hospital. Facilities discussed about are as follows: -
 - 1) Out-patient Department,
 - 2) Emergency and Administration,
 - 3) Central Diagnostic and Therapeutic,
 - 4) Service,
 - 5) Ward.

3. The Sri Lanka Team is ready to recommend the Government of Sri Lanka to finance such facilities as Medical Staff Quarters, Nursing Staff Quarters and Superintendent Quarters which are necessary as a part of the Hospital.
4. The Sri Lanka Team proposed introduction of Paying Section in the ward.
5. Both sides discussed about Medical Equipments proposed by the Sri Lanka Team. The Japanese Team will finalize the items of equipments to be provided by the Government of Japan within the budgeting allocation.
6. Personnel allocation for the Hospital was discussed.
7. The Government of Sri Lanka will take necessary measures to enable the Government of Japan to initiate steps to construct the Hospital. The details of measures taken by Government of Sri Lanka are as follows: -
 - 1) Provide soil test reports by end August, 1980.
 - 2) Provide analysis of water samples by end August, 1980.
 - 3) Provision of power, water, 20 ft. temporary access road and telephones for construction purposes by end March, 1981.
 - 4) Provide the program and graphics of the permanent supply of power and water and provide graphics of the approach roads to the hospital along with surface water drainage and the permanent sewage disposal plan by end August, 1980.

8. The Government of Sri Lanka will ensure that reclamation and leveling of site matched to the level 60 ft. above mean sea level be completed by end November, 1980.

S.D.M. Fernando
.....

Dr. S.D.M. Fernando,
Chairman,
Sri Lanka Team

31/7/80.

K. Oshiro
.....

pp. Prof. Mitsuo Homma
JICA Team Leader

31/7/80

AGREED MINUTES OF DISCUSSION

Basic Design Study for the Establishment of the Sri Jayawardenepura General Hospital in the Democratic Socialist Republic of Sri Lanka.

The Japanese study team on the General Hospital headed by Prof. M. Homma, Keio University was dispatched to Sri Lanka from 9th to 14th November 1980 by the Government of Japan to discuss the draft report of the said Hospital with the representative of the Government of Sri Lanka, headed by Dr. Malinga Fernando, Chairman of the Hospital Development Committee.

Having completed a series of meetings, both sides agreed on the following points ;

1. Name of the Hospital

Name of the Hospital was decided as 'Sri Jayawardenepura General Hospital'.

2. Draft Report on the said Hospital was explained by the Japanese Team and the Sri Lanka Team fully understood the contents.

The Sri Lanka Team confirms its acceptance of the report and calls it the official final report - amendments made to this report are shown in Appendix A.

3. Medical Equipment

The list of medical equipment provided in the report was examined by the Sri Lanka Team.

Modifications proposed by the Sri Lanka Team are shown in Appendix B. Minor modification necessary to finalize the equipment list will be considered by the Japanese team within the budget allocation for the Hospital.

4. Personnel Allocation

The Sri Lanka Team agreed to recommend to the Ministry of Health to appoint all medical and nursing personnel before the completion of the Hospital.

The Superintendent to be appointed at the end of 1981.

Matron and Secretary will be appointed at least six months prior to completion of the building.

Those who will engage in the maintenance of facilities will also be appointed by the end of 1982.

5. The Japanese team will recommend to the Government of Japan to provide the grant aid funds for the construction of the Hospital along the lines stated in the final report.

Mitsuo Homma

Prof. Mitsuo Homma
JICA Team Leader

S.D.M. Fernando

Dr. S.D.M. Fernando
Chairman - Sri Lanka

13th November, 1980

Appendix A. Amendments on Report

1. The staff allocation was revised as Fig. 3.4 attached.
2. Mr. S.H.N. de Silva, Senior Architect, Hospitals Building Department appointed to be a member of Hospital Committee as the successor to Mr. Molligoda. This matter is pending approval of the Minister of Health.
3. The area of Pathological Lab's was expanded to provide sufficient space and storage area.
4. The staff dining space was enlarged to meet the dining space requirement for 150 persons at one time.
5. The Water Supply for the five hydrants will be provided with gravity supply as well as a pressurized supply by pump.
6. The Electricity supply to the substation is 33 KV line.
7. An Electronic type telephone exchange will be installed for the PABX instead of a cross bar type.
8. Outlets for TV will be provided in all paying bed rooms.
9. The Canteen shown in the draft plans will be deleted.
10. Both Teams agreed to shift the siting of the staff quarters (Nursing and Medical Officers Quarters)

Appendix B. Modification on Medical Equipment

1. OPD - 14 item 3, 4, 7, 9, 14 are deleted.
2. OPD - 15 are deleted.
3. XR - 1 item 3 X - Ray Angiographic system - deleted for later consideration
4. PHY - 1 item - 11 - Liner Electric Scan - deleted.
5. PAT - 4 item 21 Semi Auto Analyzer - to be included.
6. Operating Theatre - Electric Surgical Unit 6 Anesthesia-8.
7. ICU - Cardiac Monitor will be monitored at Nurses' Station.

- Appendix A Sri Lanka Proposal to the Hospital**
- B Soil Conditions of the Site**
- C List of Medical Equipments**

Appendix A: Hospital Planning Proposal by the Government of Sri Lanka

A.1 Revised Proposal (Received on June 3, 1980)

The Hospital Services in Colombo

In-patient care is at present provided in Colombo in the General Hospital, Colombo, Lady Ridgeway Hospital for Children, De Soysa Maternity Hospital, Victoria Memorial Eye Hospital, Castle Street Maternity Hospital and the Hospitals in Colombo North (Ragama) and Colombo South.

All the Hospitals in the City of Colombo are involved in the teaching of Undergraduates and Postgraduates of the Faculty of Medicine of the University of Colombo, Sri Lanka.

The Postgraduate Institute of Medicine has been reconstituted and established in Colombo attached to the University of Colombo, Sri Lanka.

The population of Greater Colombo, estimated at about 800,000 (and ever growing) is served by the Colombo Group of Hospitals - but in view of the fact that this Group of Hospitals is the best developed and equipped in the Island, patients from all over the country seek expert medical treatment in these Hospitals.

The bed-strength of these Hospitals is as follows:

	<u>Beds</u>
General Hospital, Colombo	2,500
L. R. H.	614
De Soysa Maternity Hospital	347
Castle Street Maternity Hospital:	353
V. M. Eye Hospital	471

It is obvious that the General Hospital, Colombo, with an in-patient population of 3,000 per day is already too large as a single unit from the point of view of management. It cannot therefore be enlarged any further and a decision has been made to "freeze" the total in-patient population at 3,000.

General Medical and Surgical care and other specialized services can only be obtained in Colombo North Hospital and Colombo South Hospital (bed-strength 725 and 606 respectively). Both Hospitals are not suitable for further development (by way of increased bed-strength) owing to a variety of reasons - land, water, etc.

Colombo, therefore needs at least one more "General Hospital" to serve the present needs of the City and of the Greater Colombo Area.

Siting of the Proposed Hospital

The City of Colombo is hopelessly over-crowded and in no area is a block of land of about 25 acres available for development of a General Hospital.

Combined with the decision of the Government to shift the Administration from Colombo Jayawardenapura, it would appear that Jayawardenapura would prove to be the ideal site for the next major hospital.

A suitable site has been defined in the Jayawardenapura complex, comprising of 25 acres, with a commanding hill site view, which after development will provide a panoramic view of a greater part of the new Administration Complex of Jayawardenapura.

This proposed site is very close to the New Parliament building and is a few hundred yards away from the new Circular approach road connecting the High Level Road to the New Parliament.

The Urban Development Authority which handles the Jayawardenapura Project will provide the necessary infrastructure for this site, both, for the immediate construction requirements as well as for the requirements of the Proposed Hospital including Staff Quarters.

Being sited in the Administrative Centre of Sri Lanka, it should naturally be a very modern, efficient and well-organised Hospital.

The Health Services Medical Care will be progressively strengthened in the next few years due to -

1. A passing-out rate of about 225 new doctors per year till 1982,
2. A passing-out rate of about 400 new doctors per year from 1983 onwards,
3. Paucity of jobs in the developed countries like U.K., U.S.A., Canada, Australia and New Zealand - which have vertically closed their doors to employment of Foreign Doctors,
4. Increased number of Specialists who are returning due to the fact that Consultant Posts are not available to them abroad.

The grade of Specialist Medical Officers (Consultants) that would be recruited to the New Hospital will follow the established transfer procedure of the Ministry of Health - namely choice based on seniority and importance of the hospital itself.

As this new hospital is expected to be a very modern, well equipped hospital situated in the Administrative Centre of the country and close to and easily accessible by good roads to the city itself, it is inevitable that this hospital will soon establish itself as the one in which Consultant Posts will be very much in demand by the senior and more experienced Consultants in the Health Services.

Further this hospital is likely to be chosen as an important centre of post-graduate education by the Post-graduate Institute of Medicine, therefore, greatly enhancing its importance.

Non-Medical, Other Staff

The Ministry of Health has already embarked on crash training programmes for Nurses and other para-medical staff.

No staffing shortage is envisaged in these categories from the year 1982 onwards.

Details

Medical Services

It is suggested that the following clinical and non-clinical units be created in this proposed Hospital.

1. 3 Medical Units - 3 Physicians
2. 3 Surgical Units - 3 Surgeons
3. 3 Anaesthetic Consultants
4. 2 Obstetric Units
5. 1 Orthopaedic Unit
6. 1 Ophthalmology Unit
7. 1 Ear, Nose and Throat Unit;
8. 1 Dermatology Unit
9. 1 Paediatric Unit - Surgical and Medical

Non-clinical Facilities Required

1. Blood Bank
2. X-ray Department
3. Pathological Laboratory
4. Department of Physical Medicine

The recommended distribution of beds is as follows:-

1. Physicians	:	72 beds each	-	216
2. Surgeons	:	72 beds	-	216
3. Obstetricians	:	72 beds	-	144
4. Paediatricians	:	72 beds	-	72
5. Orthopaedist	:	96 beds	-	96
6. E.N.T.	:	72 beds	-	72
7. Eye	:	72 beds	-	72
8. Dermatology	:	48 beds	-	48
Total	:		-	936

O.P.D.

Day-stay medical	:	30 beds
Day-stay surgical	:	30 beds

60 beds

Total 996 beds

The proposed bed-strength permits the creation, at a future date (when adequate members of qualified Consultants are available) of one more unit in each of the Specialities referred to, without the provision of additional beds.

Other Medical Officers

The recommended number of Units will need the following Medical Officers:-

1. Interns	:	20
2. Senior House Officers	:	20
3. House Officers - Anaesthetic	:	10
4. Medical Officers - OPD	:	10
Total	:	60

Nursing Staff

Estimate:

1. Matron	:	1
2. Assistant	:	1
3. Sisters	:	17
4. Nurses -	:	
4.1 @ 1 Nurse for 3 Beds	:	400
4.2 5 Operating Theatres & C.S.D.	:	60
4.3 Path Lab.	:	2
4.4 Physiotherapy	:	2
4.5 X-ray	:	2
4.6 O.P.D.	:	18
4.7 Medical & Surgical Emergency	:	20
4.8 Day Stay Wards	:	16
4.9 Blood Bank	:	4
		<u>524</u>

Nursing Ancillary Staff

1. It is suggested that the term "Attendant" be discontinued.

All nursing personnel, below the level of the trained and qualified nurse, be designated "Nursing Orderlies".

Their duties will include every aspect of patient care

Number required -

16 Wards	:	160
Operating Theatre & C.S.D.	:	60
O.P.D.	:	56
Total	:	<u>266</u>

2. All other services performed in Hospital including those involved in the administration be done by workers designated "Hospital Orderlies".

Number required -

Wards	:	64
O.P.D.	:	28
Administration	:	28
Total	:	<u>120</u>

3. Sanitary Labourers:

Wards	:	32
O.P.D.	:	06
Other Units	:	06

Total	:	44
-------	---	----

Para Medical Staff

1. Laboratory Technicians	:	25
2. Radiographers	:	12
3. Physiotherapists	:	15
4. E.C.G. Recordists	:	04
5. Photographer	:	01

Buildings and Garden Unkeen

Labourers	:	25
Overseers	:	05

Dietician : 01

Almoner : 01

Medical Records Officer : 02

Pharmacists : 03

Kitchen Stewardesses : 05

Diet Clerks : 20

Watchers : 15

Administration

Medical Superintendent	:	01
-do- Deputy	:	01
Hospital Secretaries	:	02
Clerks	:	15

Building Requirements

Wards

Semi-privacy be permitted by housing the patients in "Cubicles" - each housing 8 beds - in two rows of 4 each.

The beds to be five feet apart.

The Duty rooms, bath-rooms and store-rooms to be alongside the Ward Unit - separated from the latter by an 8 ft. corridor.

The floors to be tiled with an acid-resistart, hard covering "Terrazo Type of tile".

The walls to be tiled with glazed tiles to a height of 5 ft.

Aluminum doors and windows are recommended for convenience of maintenance as well as appearance.

On the basis of the above the beds could be accommodated as follows:-

Block I - 4 Floors - each 220 x 55 for 3 Medical Units
and the Paediatric Unit

Block II - 4 Floors - each 220 x 55 for 3 Surgical Units

4th Floor - for the two operating theatres each
with two Operating Rooms - and for the
Central Sterilization Department.

Block III - 4 Floors 250' x 55

2 Floors for Obstetrics and Gynaecology and an
Operating Theatre with three Operating Rooms

2 Floors for Orthopaedics and Trauma with an
Operating Theatre with Two Operating Rooms

Block IV - Ground Floor 220 x 55 - Administration
X-Ray Department
Blood Bank

1st Floor - Pathology and Ophthalmology Male

2nd Floor - E.N.T. Male and
Operating Theatre for Eye and E.N.T.

3rd Floor - E.N.T. & Eye - Female

Block V - 30,000 sq.ft.

Ground Floor - Kitchen and Canteen

1st Floor - Library and
H.O.'s Quarters

2nd Floor - H.O.'s and S.H.O.'s Quarters

3rd Floor - Provision for 20 single Rooms
and 15 "married Units"

Floor Area

Block I	-	12,100 x 4	=	48,400 sq.ft.
Block II	-	12,100 x 4	=	48,400 "
Block III	-	13,750 x 4	=	55,000 "
Block IV	-	12,100 x 4	=	48,400 "
Block V	-	7,500 x 4	=	30,000 "

If the Ministry of Health wishes to have a Paying Section an additional Fifth Floor in Block I will enable the provision of 30 single rooms with attached bathrooms (Class I) and a similar floor in Block II could provide about 60 Class II beds.

The Out-patient and Admission Department

Two clear objectives should be laid down:-

1. The out-patient clinics will not be a "General O.P.D." - but will only conduct Specialist Clinics for "referred" and "follow up" patients.
Fed by General Practitioners, Municipal Clinics and other peripheral clinics.

2. An Emergency Admission Centre -

- carefully planned -

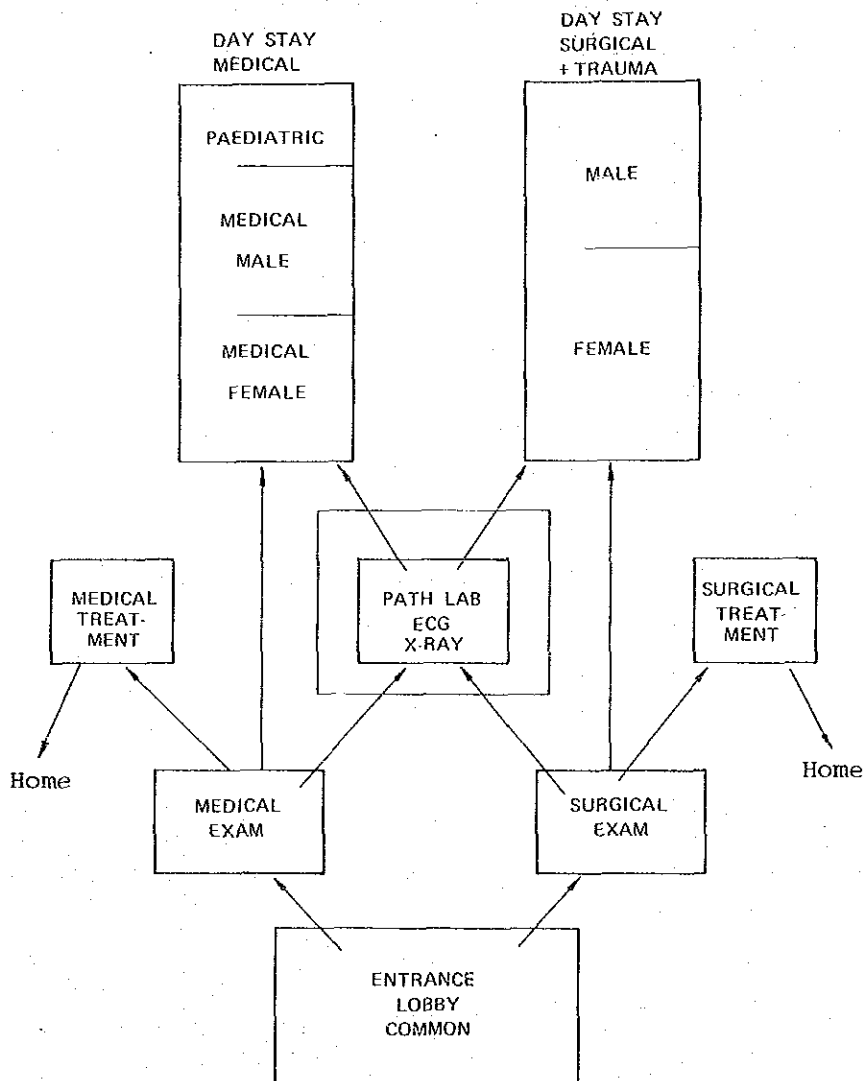
- into which common area of entrance, will come (or be brought) all "Emergency Cases".

From this Centre patients will be directed to -

- (a) Medical Emergency including Coronary Care and Poisoning
- (b) Surgical Emergency including Surgical Intensive Care and Resuscitation and Trauma

Each of these two "Emergency Areas" of Units should lead to two "Day Stay" Medical and Surgical Wards with Male and Female beds.

MOVEMENT OF PATIENCE IN "EMERGENCY"



1. Out-patient Clinics

For the designated number of Specialist Units it would suffice if there are six Out-patient examination areas.

Each "Area" of 3,000 sq.ft.	- 18,000 sq.ft.	
2. Medical Emergency		
Including coronary care	- 4,000 sq.ft.	
3. Surgical Emergency	- 4,000 sq.ft.	
4. Day Stay Medical Ward - 30 beds	- 6,000 sq.ft.	20,000 sq.ft.
5. Day Stay Surgical Ward - 30 beds	- 6,000 sq.ft.	
6. O.P.D. X-Ray Department	- 2,000 sq.ft.	
7. Rest rooms for Doctors, Nursing and other staff	- 1,500 sq.ft.	6,500 sq.ft.
8. Entrance Lobby including Stores Room, etc.	- 3,000 sq.ft.	

Other Major Buildings

1. Medical Superintendent	- 3,000 sq.ft.
2. Quarters for Nursing Staff for 300 Nurses	- 40,000 sq.ft.

Summary of Building Requirements

Block I	- 48,400 sq.ft.
Block II	- 48,400 sq.ft.
Block III	- 55,000 sq.ft.
Block IV	- 48,400 sq.ft.
Block V	- 30,000 sq.ft.
O.P.D. Block	- 44,500 sq.ft.
Medical Superintendent	- 3,000 sq.ft.
Nursing Quarters	- 40,000 sq.ft.

Total - 317,700 sq.ft.

Equipment

1. Equipping 36 ward beds and 60 O.P.D. beds would cost approximately Rs.25,000/- per bed (this includes all ward furniture, stretchers, wheel chairs, ward instruments, etc.)	.....	Rs.25,000,000.00
2. Five operating theatres and central sterilization unit B.600,000	.....	18,000,000.00
3. X-Ray Department		
3 Units of 500 Ma		
2 Portable Units - 100 Ma B.150,000	.....	4,000,000.00
4. Path. Dept. Fittings and Equipment	.....	10,000,000.00
5. Physiotherapy Department	.....	500,000.00
6. Electric Laundry	.....	1,000,000.00
7. Stand-by Power Plant	.....	2,000,000.00

8. Music, bell call and paging system	.....	Rs.1,000,000.00
9. Telephone Exchange of 200 lines	.....	2,000,000.00
10. Lifts	.....	10,000,000.00
		<u>74,000,000.00</u>

Total Estimated Cost

1. Buildings - including electricity water service drainage		
317,000 sq.ft. @ Rs.700/~ per sq.ft.	-	251,000,000.00
2. Equipment, etc.	-	78,000,000.00
		<u>329,000,000.00</u>
3. Contingencies	-	100,000,000.00
Cost escalation		
		<u>100,000,000.00</u>
	Total -	<u>429,000,000.00</u>

A.2 Amendments of the Revised Proposal (Received on June 3, 1980)

Alternate Arrangement:-

- Block I - 6 Floors - each Floor 220 x 55
Ground, First & Second - Medical Units
Third Floor - Paediatric Unit
Fourth & Fifth - Obstetrics & Gynaecology
- Block II - 6 Floors - size as above
Ground, First & Second - Surgical Units
Third Floor - Two Operating Suites each with
Two Operating Rooms
Central Sterilization Dept.
Fourth & Fifth Floor - Orthopaedic Unit including
Orthopaedic Theatre
- Block III - 4 Floors - size as above
Ground Floor - Administration
X-ray Dept.
Blood Bank
First Floor - Pathology Dept.
Ophthalmology Male Ward
Second Floor - E.N.T. Male Ward
Operating Theatre for E.N.T. & Eye
Third Floor - E.N.T. & Eye - Female Ward
- Block IV - 30,000 sq.ft.
Ground - Kitchen & Canteen
First Floor - Library & H.O. Quarters & Lecture Hall
Second Floor - H.O.'s & S.H.O.'s Quarters
Third Floor - 20 Single Rooms & 15 "Married" Units

A.3 Additional Amendments (Received on June 10, 1980)

PROPOSED HOSPITAL- KOTTE

Further comments following discussions with the Visiting Japanese Experts -

Scope of Hospital Services:

The Services provided would be that corresponding to the Services in a "Tertiary Centre" as defined by the visiting Team.

It is hoped therefore that in equipment planning, staffing and efficiency - in the specialities catered for, no patient should be referred out of this Hospital to a better Hospital, say Colombo General Hospital, because the Kotte Hospital should be at least as good - but we hope, that this Hospital being a newly planned one, will be better in all aspects.

Services not catered for at the outset are -

Thoracic Surgery
Neuro-Surgery
Cancer Therapy
Psychiatry
Dental Services

Suggested Bed-strength

Owing to prevailing shortage of beds in Sri Lanka, all the "better Hospitals" like the Teaching Hospitals and Provincial Hospitals are always overcrowded.

It was felt therefore, that in relation to the expected demand for services in the New Hospital, both in relation to its important situation and planned high degree of modernisation and efficiency the minimum bed requirements were laid down as 936 in-patient beds.

This would enable beginning with say 3 Physicians and 3 Surgeons and one Orthopaedia Surgeons - but would suffice for later increase of the number of "Units" to 4 Physicians, 4 Surgeons and 2 Orthopaedic Surgeons.

If however for reasons of restricted money provision a reduction in size is essential. We would reluctantly suggest that the Bed Strength be reduced to the following level.

1). Medical	to	180 beds
2). Surgical	to	180 beds
3). Obst. & Gyn.	to	120 beds
4). Paediatric	to	60 beds
5). Orthopaedic	to	96 beds - no reduction
6). E.N.T.	to	60 beds
7). Eye	to	60 beds
8). Dermatology	to	48 beds - no reduction
		<hr/>
Total		804

9). Do away with the 60 Day-stay beds in the outpatients Section.

Planning of Operating Theatres

The total number of Operating Theatres required is 9 - this refers to the actual number of Operating Rooms and also assumes that the same Operating Rooms will be used by the E.N.T. Surgeon and Eye Surgeon.

We agree that the modern systems of Theatre Planning tends to locate all Operating Theatres in one Block - together with the Central Sterilization Department. This proposal is acceptable.

Number of Floors

There is a maximum limit of 8 floors in the Kotte area - Urban Development Authority.

The convenience of Medical Staff, we feel that an optimum number of floors would be six - served by an adequate number of lifts.

Specific Areas not catered for (omissions) in the Original Report

1. Dermatology Ward of 48 beds
This could be located in the Obstetric & Gynaecology Floor - when the Operating Theatre is shifted to the new location.
2. Pharmacy: Could be sited with convenient access to both indoor and outpatients.
Requirement - Approx. 1,000 sq.ft.
3. Central Records Office - 800 sq.ft. for inpatients.
4. Laundry - Proposed floor to be decided by Technical Experts depends on the equipment selected.
5. Physiotherapy Department - 200 sq.ft.
This Dept. could be sited in the area originally set apart for the Operating Theatre of the Orthopaedic Ward Unit.
6. Lecture Room & Audio-Visual Room

X-Ray Equipment

- Main X-Ray Dept. - 2 Units of 500 m.a. each
1 Tomography Unit
2 Mobile of 100 m.a. each
- Outpatient Area - 1 Unit 200 m.a.
1 Mobile 100 m.a.
- Orthopaedic Theatre - 1 Mobile Unit with T.V. screen

It may be possible to locate one X-Ray Department so placed as to be accessible to both in-patients and out-door Clinic patients.

Out-patients Dept. Requirements

1. Specialists' Clinics
 - (a) Medical Clinic
 - Examination/Consultation Room - 600 sq.ft.
 - 3 Cubicles - each 6' x 10' - 180 sq.ft.
 - Clerks Record Room - 200 sq.ft.
 - Treatment Room - 150 sq.ft.

1,130

(b)	Surgical Clinic		
	Examination/Consultation Room	-	600 sq.ft.
	3 Cubicles	-	180 sq.ft.
	Clerk & Record Room	-	200 sq.ft.
	Treatment Room	-	300 sq.ft.
(c)	Orthopaedic Clinic		
	Examination/Consultation Room	-	600 sq.ft.
	3 Cubicles	-	180 sq.ft.
	Plaster & Dressing Room, Sterilizer	-	600 sq.ft.
	Store - Dressing, Drugs & Plaster	-	150 sq.ft.
	Splint Room	-	100 sq.ft.
	Clerk & Record Room	-	200 sq.ft.
			<u>1,830</u>
(d)	Obstetric & Gynaecology		
	Examination/Consultation Room	-	600 sq.ft.
	4 Cubicles	-	240 sq.ft.
	Sterilizer, Dressings & Drugs	-	200 sq.ft.
	2 Patients Lavatories	-	100 sq.ft.
	Records & Clerk's Room	-	200 sq.ft.
			<u>1,340</u>
(e)	Paediatric Clinic		
	Examination/Consultation Room	-	600 sq.ft.
	Dressing & Injections	-	150 sq.ft.
	Clerks & Record Room	-	200 sq.ft.
			<u>950</u>
			6,550
(f)	E.N.T. & Eye Clinic		
	Examination/Consultation Room	-	600 sq.ft.
	Dark Room (Eye) 2 or (100 sq.ft.)	-	100 sq.ft.
	Dark Room for E.N.T.	-	100 sq.ft.
	Dressings & Stores	-	300 sq.ft.
	Clerk & Record Room	-	300 sq.ft.
			1,500
(g)	Waiting Hall-for Patients and Relations	-	2,000
(h)	Consultants Room		
	Changing & Rest	-	300 sq.ft.
	1 Shower		
	2 Lavatories & Wash Basin	-	100 sq.ft.
	Tea Room	-	100 sq.ft.
	Medical Officers Changing & Rest Room	-	300 sq.ft.
	Shower, Lavatory & Wash Basin	-	100 sq.ft.
			<u>900</u>
			<u>10,930 sq.ft.</u>

Appendix B: Soil Conditions of the Site

A subsoil investigation was taken up at the concerned site on the instructions of Urban Development Authority. The figure below shows the location of 6 bore holes where soil samples were taken. Figures on the following pages show the results of investigation.

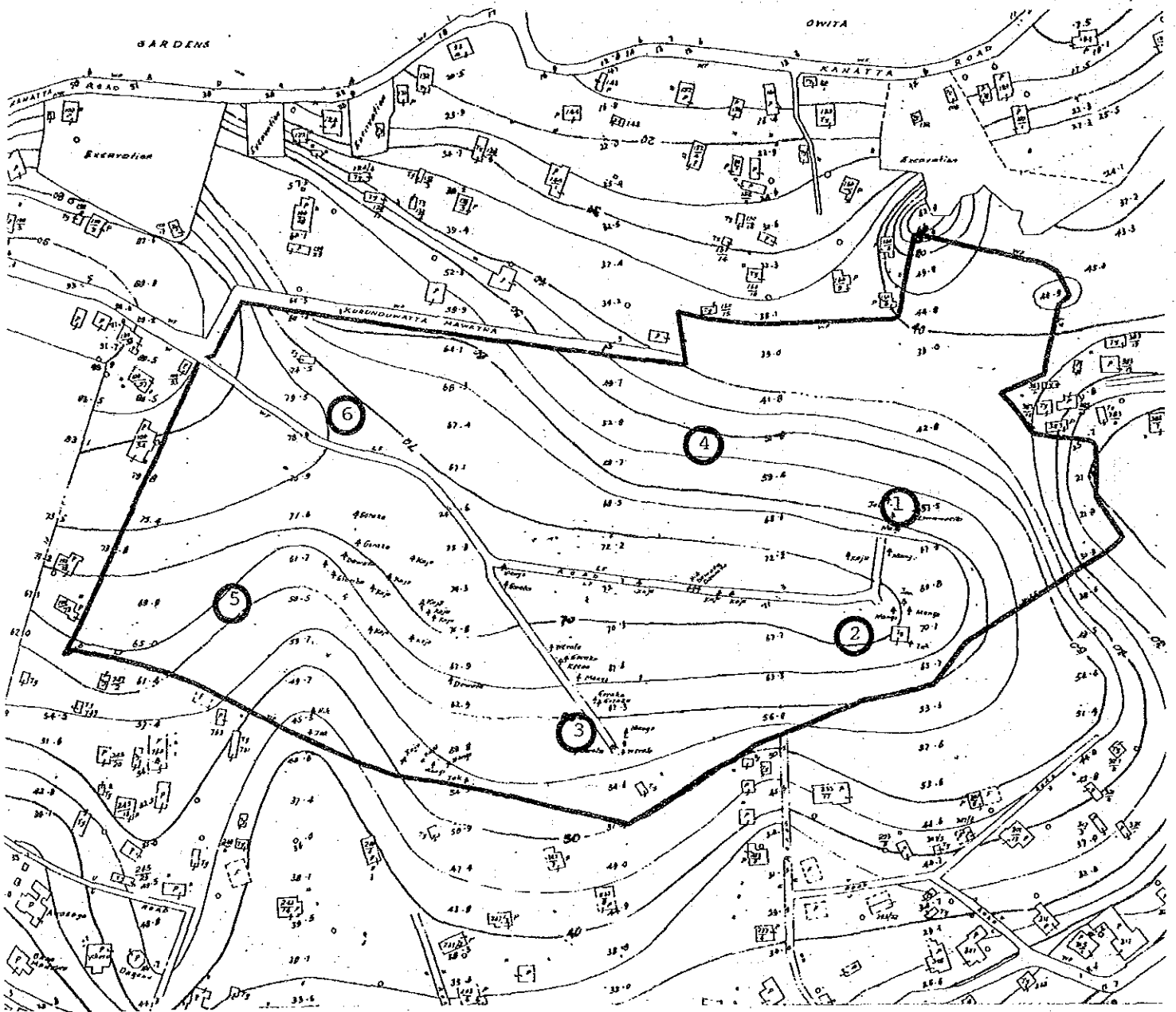


Fig. B.1 The Location of 6 Bore Holes

SITE: JAYAWARDHAN PURA HOSPITAL BORE HOLE NO. 1
 KOTTE, SRI LANKA

METHOD: ROTARY

DATES OF EXECUTION: 28-8-80 TO 29-8-80

CASING: 112 mm ϕ UP TO 1.50 M.

GROUND LEVEL :

DIA. OF BORE HOLE	SAMPLES			PENETRATION TEST				STRATA			DESCRIPTION OF STRATA
	DEPTH IN METRE	TYPE	NO.	20	40	60	80	LEGEND	DEPTH IN METRE	THICKNESS	
112 mm	0.00 / 0.00								0.00	0.50	TOP SOIL
	0.50 / 1.00								0.50	0.50	HARD BROWNISH RED CLAY WITH GRAVEL.
100 mm	1.00 / 1.24	SPT	1	N > 100					1.00		HARD TO VERY STIFF REDDISH BROWN CLAY WITH YELLOW / WHITE WEATHERED MATERIALS.
	2.00 / 2.60	SPT	2	N = 54						4.00	
	3.00 / 3.60	SPT	3	N = 32							
	4.00 / 4.60	D/S	1								
100 mm	5.00 / 5.60	SPT	4	N = 23					5.00		HARD REDDISH YELLOW SILTY CLAY.
	6.00 / 6.60	SPT	5	N = 57						4.00	
	7.00 / 7.42	UDS	1								
	8.00 / 8.60	SPT	6	N = 48							
	9.00 / 9.60	SPT	7	N = 35					9.00		
	10.00 / 10.60	SPT	8	N = 40					10.00	1.00	
BORE HOLE TERMINATED.											

REMARKS: 1) WATER TABLE NOT ENCOUNTERED.

SCALE: 1:50

SITE: JAYAWARDHAN PURA HOSPITAL BORE HOLE NO. 2.
 KOTTE, SRI LANKA

METHOD ROTARY.

DATES OF EXECUTION: 30-8-80 TO 31-8-80

CASING. 112 mm ϕ UP TO 1.50 M.

GROUND LEVEL :

DIA. OF BORE HOLE	SAMPLES			PENETRATION TEST				STRATA			DESCRIPTION OF STRATA
	DEPTH IN METRE	TYPE	NO.	20	40	60	80	LEGEND	DEPTH IN METRE	THICKNESS	
112 mm	1.00 / 1.25	SPT	1	N	100				1.00	1.00	HARD BROWNISH RED CLAY WITH GRAVEL.
	2.00 / 2.60	SPT	2	N =	25				2.00	2.00	HARD TO VERY STIFF REDDISH BROWN CLAY.
	3.00 / 3.60	SPT	3	N =	20				3.00	3.00	VERY STIFF TO HARD REDDISH BROWN CLAY WITH YELLOW/WHITE WEATHERED MATERIAL.
	4.00 / 4.60	SPT	4	N =	32				4.00	3.00	VERY STIFF TO HARD REDDISH BROWN CLAY WITH YELLOW/WHITE WEATHERED MATERIAL.
	5.00 / 5.60	UDS	1						5.00	6.00	VERY STIFF TO HARD REDDISH BROWN CLAY WITH YELLOW/WHITE WEATHERED MATERIAL.
	6.00 / 6.60	SPT	5	N =	30				6.00	3.00	VERY STIFF GREYISH RED CLAY.
	7.00 / 7.60	SPT	6	N =	19				7.00	3.00	VERY STIFF GREYISH RED CLAY.
	8.00 / 8.60	SPT	7	N =	23				8.00	3.00	VERY STIFF GREYISH RED CLAY.
	9.00 / 9.60	SPT	8	N =	25				9.00	1.00	VERY STIFF REDDISH BROWN CLAY WITH YELLOW/WHITE WEATHERED MATERIAL.
10.00 / 10.60	SPT	9	N =	28				10.00	1.00	VERY STIFF REDDISH BROWN CLAY WITH YELLOW/WHITE WEATHERED MATERIAL.	
100 mm											BORE HOLE TERMINATED.

REMARKS: 1) WATER TABLE AT 7.80 M. BELOW GROUND LEVEL.

SCALE: 1:50

Appendix C: List of Medical Equipments

I N D E X

OPD: OUT PATIENT DEPARTMENT

1	Internal Medicine	111
2	Paediatric	"
3	Orthopaedic Surgery	"
4	General Surgery	"
5	Gynecology/Obstetric	"
6	E. N. T.	"
7	EYE Clinic	"
8	Physical Therapy	112
9	Screening	"
10	Dispensary	"
11	Pathological Lab.	"
12	Common	"
13	OPD Treatment Room	"

EMR: EMERGENCY DEPARTMENT

1	Examination/ Treatment/ Observation	"
2	Minor Operating Room	"
3	Preparation Room	113

XR: X-RAY DIAGNOSTIC DEPARTMENT

1	X-Ray Rooms/1 - 4	"
2	Dark Room	"
3	Radiologist's Room	"
4	Storage	"

PHY: PHYSICAL LABORATORY DEPARTMENT

1	ECG	"
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PAT: DEPARTMENT OF PATHOLOGY

1	Histo-Pathology	"
2	Hematology	114
3	Microbiology	"
4	Biochemistry	"
5	Washing Room	"
6	Autopsy Room (Mortuary)	"

BB: BLOOD BANK

1	Bleeding Room	"
2	Preparation	115

PHA: PHARMACY

1	Pharmaceutical Room	"
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CSSD: CENTRAL STERILIZING SUPPLY DEPARTMENT

OR: OPERATING THEATRE

1 & 2	General Surgery	"
3	Dermatology/Urology	"
4 & 5	Orthopaedic	"
6	ENT/Ophthalmology	116
7 & 8	For Casualty	"
9	Scrub-up	"
10	Sub-sterilizer Room (4-Room)	"
11	Recovery Room	"

DEL: DELIVERY UNIT

1	Labour	"
2	Delivery Room (2-Room)	117
3	Preparation Room	"

ICU/CCU: INTENSIVE CARE UNIT/CORONARY CARE UNIT

1	ICU/CCU Department	"
2	Dirty Utility	"

WRD: WARD

1	Common	"
2	Particular for Ward	"

PRE: PREMATURE

1	Premature Room	118
2	Milk Room	"

OPD: OUT PATIENT DEPARTMENT

1. INTERNAL MEDICINE

- 1 Examination Couch
- 2 Examination Instrument Set
- 4 Examination Lamp
- 5 Weighing Scale
- 51 measuring rod
- 6 Instrument Boiling Sterilizer
- 7 Instrument Cabinet
- 8 Treatment Carriage
- 9 Waste Receptacle with foot pedal
- 10 Film Illuminator, 14" x 17"/2-bank
- 12 Stopwatch
- 16 Clothes Basket
- 21 Auto-Diagnostic Apparatus

OPD: OUT PATIENT DEPARTMENT

2. PAEDIATRIC

- 1 Examination Couch
- 3 Film Illuminator, 14" x 17"/2-bank
- 5 Examination Instrument Set
- 6 Examination Lamp
- 7 Instrument Cabinet
- 8 Instrument Boiling Sterilizer
- 9 Weighing Scale (Health Meter)
- 10 Infant Scale with Bassinet
- 11 Measuring Rod
- 12 Waste Receptacle with foot pedal
- 13 Clothes Basket
- 18 Footstool, for one-step

OPD: OUT PATIENT DEPARTMENT

3. ORTHOPAEDIC SURGERY

- 1 Examining Couch
- 2 Film Illuminator, 14" x 17"/2-bank
- 3 Examination Instrument Set
- 4 Examination Lamp
- 5 Instrument Boiling Sterilizer
- 6 Instrument Cabinet
- 8 Footstool, for one step
- 9 Waste Receptacle with foot pedal
- 10 Plaster Bandage Table
- 11 Gypsum Cutter (Electric)
- 12 Bergman Plaster Shear
- 13 Esmarch Plaster Knife
- 14 Plaster Spreader, two-prong same, but three-prong
- 19 Dressing Drum Stand (27c/mø) (18c/mø)
- 20 Instrument Table (60 x 45c/m)

OPD: OUT PATIENT DEPARTMENT

4. GENERAL SURGERY

- 1 Examination Couch with arm board
- 2 Film Illuminator, 14" x 17"/2-bank
- 3 Examination Lamp

- 4 Instrument Boiling Sterilizer
- 5 Instrument Cabinet
- 9 Waste Receptacle with foot pedal
- 10 Examination Instrument Set
- 11 Dressing Drum Stand (27c/mø)
- 12 " (18c/mø)

OPD: OUT PATIENT DEPARTMENT

5. GYNECOLOGY/OBSTETRIC

- 1 Gynecological Examining Table
- 2 Gynecological Examining Unit
- 5 Examination Couch
- 6 Examination Lamp
- 7 Film Illuminator, 14" x 17"/2-bank
- 8 Doppler Foetus Detector
- 9 Footstool, for two-step
- 10 Washing Basin Stand for two
- 11 Instrument Boiling Sterilizer
- 12 Instrument Cabinet
- 14 Waste Receptacle with foot pedal
- 15 Weighing Scale
- 16 Measuring Rod
- 17 Clothes Basket
- 18 Martin's Pelvimeter
- 19 Traube's Stethoscope
- 20 Examination Instrument Set

OPD: OUT PATIENT DEPARTMENT

6. E. N. T.

- 1 ENT Treatment Unit, One side
- 2 ENT Treatment Chair
- 3 Clinical Audiometer
- 4 " (Plain Type)
- 6 Head Mirror
- 7 Cold Light Power Supply
- 8 Laryngoscope angled view, fiber Lighting, solid type
- 9 Instrument Boiling Sterilizer
- 10 Examination Instrument Set
- 11 Nebulizer Unit (3 patient Use)
- 12 Instrument table

OPD: OUT PATIENT DEPARTMENT

7. EYE CLINIC

- 1 Distance Test Chart (Landolt) Apparatus
- 2 Eye Test Chart Book, 38-plate
- 3 Meniscus Trial Lens Set, 35 kinds
- 4 Cross Cylinder Set, set of 4, +0.25, +0.50, +0.75, & + 1.00
- 5 Slit Lamp Microscope
- 6 Ophthalmoscope (BX-13)
- 7 Streak Retinoscope (NR-3)
- 9 Indirect Ophthalmoscope (Hand type)
- 10 Projection Perimeter
- 13 Examination Instrument Set
- 14 Eye Treatment Unit Set
- 15 Eye Treatment Chair Set
- 16 Instrument Table (for Optical Instrument)
- 17 Eye Bath Basin

OPD: OUT PATIENT DEPARTMENT

8. PHYSICAL THERAPY

- 1 Micro Wave Therapy Apparatus (2-Patients)
- 2 Ultra Short Wave Diathermy Apparatus
- 4 Infrared Ray Lamp
- 5 Heat-less Ultra Violet Ray Lamp
- 7 Hirschmann's Galvanic and Faradic Apparatus, Mobil type
- 9 Exercise Bicycle, for Adult
- 11 Training Bed, Wood
- 12 Paraffin Bath Unit
- 13 Hot Pack Warmer
- 14 Examination Couch
- 15 Over Head Frame
- 16 Turning Wrist
- 17 Wrist Roll
- 18 Chair of Elastic Legs

OPD: OUT PATIENT DEPARTMENT

9. SCREENING

- 2 Examination Couch
- 6 Patient Chair
- 7 Clothes Basket
- 12 Sphygmomanometer (desk type)
- 11 X-ray Film Viewer (14" x 17" 2 sheets)

OPD: OUT PATIENT DEPARTMENT

10. DISPENSARY

- 5 Water Refiner
- 6 Water Softner
- 7 Medicine Refrigerator (Cap: 230ℓ or more)
- 8 Refrigerator (Cap: 400ℓ or more)
- 9 Counter Balance (Cap: 100g)
- 10 Simple Bottle Washer
- 11 Glassware

OPD: OUT PATIENT DEPARTMENT

11. PATHOLOGICAL LAB.

- 1 Microscope
- 2 Micro Cell Counter
- 3 Glassware

OPD: OUT PATIENT DEPARTMENT

12. COMMON

- 1 Folding Wheel Chair
- 2 Wheel Stretcher
- 4 Play Pen

OPD: OUT PATIENT DEPARTMENT

13. OPD TREATMENT ROOM

- 1 Examination Couch
- 2 Examination Lamp
- 5 Instrument Table
- 6 Instrument Boiling Sterilizer
- 8 Dressing Drum Stand (27c/m)
" (18c/m)
- 10 Instrument Cabinet
- 11 Arm Rest (for injection)
- 12 Waste Receptacle
- 13 Panel-Screen
- 15 Instrument Tray Table (Mayo type)

EMR: EMERGENCY DEPARTMENT

1. EXAMINATION/ TREATMENT/ OBSERVATION

- 1 Examination Couch
- 3 Film Illuminator, 14" x 17"/2-bank
- 4 Examination Instrument Set
- 5 Examination Lamp
- 8 Electric Refrigerator
- 9 Irrigator Stand, double hook
- 10 Wheel Stretcher
- 11 Radiographic and Simple Operating type Stretcher
- 14 Operator Stool
- 15 Treatment Carriage
- 16 Electric Suction Unit (Heavy duty type)
- 17 Instrument Boiling Sterilizer
- 18 Laundry Bag Carrier
- 19 Cardiopac Defibrillator with trolley
- 20 Resuscitator, hand-driven
- 21 Automatic Resuscitator, for infant and adult
- 22 Respirator (Bird type)
- 24 Instrument Tray Table
- 30 Instrument Cabinet
- 32 Waste Receptacle with foot pedal
- 33 Observation Bed
- 34 Foot Stool (two-step)
- 35 Dressing Drum Stand (27c/m)
" (18c/m)

EMR: EMERGENCY DEPARTMENT

2. MINOR OPERATING ROOM

- 1 Operating Table
- 3 Operating Room Light, Stand type
- 4 Electric Suction Unit
- 5 Anesthesia Apparatus with standard accessories, w/out empty cylinders.
Optional:
1) Ether Vaporizer
2) Fluothane Vaporizer
- 6 Endotracheal Tube Set, for Adult
" , for Child
- 7 Anesthesia Table
- 8 Treatment Carriage
- 9 Mayo's Instrument Stand
- 10 Kick Bucket

- 11 Dressing Drum Stand, for 27cm
- " , for 18cm
- 12 Sphygmomanometer, Stand type

- 14 Cassette, 35 x 43 cm
- 35 x 35 cm
- 30 x 40 cm
- 24 x 30 cm
- 18 x 24 cm
- 13 x 18 cm

EMR: EMERGENCY DEPARTMENT

3. PREPARATION ROOM

- 1 Water Sterilizer
- 2 Instrument Cabinet
- 3 Work Table
- 4 Table Top Model Autoclave
- 5 Soape Dispenser
- 6 Brush Sterilizer Box

- 15 Intensifying Screen
- 35 x 43 cm
- 35 x 35 cm
- 30 x 40 cm
- 24 x 30 cm
- 18 x 24 cm
- 13 x 18 cm

XR: X-RAY DIAGNOSTIC DEPARTMENT

1. X-RAY ROOMS/1 - 4

- 1 X-Ray Radiographic System
- Ratings: 125KV 300mA
- 100KV 500mA
- Horizontal Bucky Table
- Vertical Bucky Stand
- (for high-voltage radiography)
- 2 X-Ray Radiography Fluoroscopic TV System
- Ratings: 500mA at 125KV
- 300mA at 150KV
- 4mA at 120KV (cont.)
- (2-Tube System)
- Diagnostic X-Ray Table with I.I.
- Device and X-Ray Tube 1 ... 1
- Bucky Device ... 1
- X-Ray Tube Support (Ceiling Suspended
- Type) ... 1
- Vertical Bucky Stand ... 1
- 4 Universal Layergraph Apparatus
- Liner, Circular and spiroul multi-
- blurring movements system
- 5 C-arm Mobile X-Ray TV Unit
- 6 X-Ray Apparatus (Mobile Type)
- 7 (Mobile Type) X-Ray Apparatus

- 16 Spectacles for Adjusting Eyes to Darkness
- 17 Protective Apron
- 18 Protective Gloves
- 21 Lead Rubber Sheet 60 x 75c/m (1m/mpb)
- 22 Corner Cutter
- 25 X-Ray Radiographic and Fluoroscopic
- System Rating
- 150KV at 300mA
- 125KV at 500mA
- 100KV at 4mA (coivt.)
- tilting table with Bueky device and
- Vertical cassette stand
- (2-X-Ray tube system)

XR: X-RAY DIAGNOSTIC DEPARTMENT

3. RADIOLOGIST'S ROOM

- 1 Film Illuminator, 14" x 17"/12-bank
- Surface Mount type

XR: X-RAY DIAGNOSTIC DEPARTMENT

4. STORAGE

- 1 Film Preserving Cabinet
- 2 Film Cabinet
- 4 Cassette Trolley

XR: X-RAY DIAGNOSTIC DEPARTMENT

2. DARK ROOM

- 1 Automatic Film Processor
- 2 Processing Tank
- Automatic Thermo Controlle
- 3 Cassette Pass-Box
- 4 Film Loading and Unloading
- 5 Film Dryer, for 2 doz.
- 6 Interval Timer, Table Model
- 8 Cylindrical Liqued Thermometer
- 9 Chest Thickness Measure
- 11 Film Marker, Alphabet
- Ditto, but Figure
- 12 Barium Mixer
- 13 Film Hander, 35 x 43 cm
- 35 x 35 cm
- 30 x 40 cm
- 24 x 30 cm
- 18 x 24 cm
- 13 x 18 cm

PHY: PHYSICAL LABORATORY DEPARTMENT

1. ECG

- 1 Autspirometer
- 2 Examining Couch
- 3 Measuring Rod
- 4 Weighing Scale (Health meter)
- 5 Instrument Cabinet
- 7 3-ch. Automatic Electrocardiograph
- 8 Examinaing Couch
- 10 ECG/Phons System

PAT: DEPARTMENT OF PATHOLOGY

1. HISTO-PATHOLOGY

- 1 Automatic Tissue Processor

- 2 Automatic Microtome Knife Sharpener
- 3 Shaker (for tissue fixation)
- 4 Paraffin Oven
- 6 Slide Warmer
- 7 Slide Staining Set
- 8 Freezing Microtome Device
- 9 Large Sledge Microtome
- 10 Large Rotary Microtome
- 11 Incubator
- 12 Top Loading Balance
- 13 Ultra Low Temperature Cabinet (-30°C)
- 14 Binocular Microscope
- 15 Trinocular Microscope with Photomicro-graphic attachment and camera
- 16 Electric Refrigerator (6cu.ft.)
- 17 Mounted Magnifying glasses
- 18 Slide Storage Cabinet
- 19 Cyto Centrifuge
- 20 Cryostat (Top open model)
(Freezing Microtome)
- 24 Drying Oven
- 25 Paraffin Spreading Apparatus
- 26 Stirrer
- 27 Specimen making Instrument Set

PAT: DEPARTMENT OF PATHOLOGY

4. BIOCHEMISTRY

- 2 Direct Reading Balance
- 3 PH Meter
- 4 Clinical Refractometer
- 5 Vacuum Pump
- 6 Electrophoresis Equipment Unit.
- 7 Densitometer
- 8 UV Spectrophotometer
- 9 Double Beam UV-VIS
Spectrophotometer
- 10 Incubator
- 11 Chloride Counter
- 12 Deep Freezer (30°C)
- 13 Electric Refrigerator (6ca.ft.)
- 14 Water Still
- 15 Van Slyk's Gas Analysing Apparatus
- 16 Drying Oven
- 17 Water Bath
- 18 Binocular Microscope
- 19 Flame Photometer
- 20 Centrifuge
- 21 Semi-Autoanalyzer System Photometer

PAT: DEPARTMENT OF PATHOLOGY

2. HEMATOLOGY

- 1 Automatic Microcell Counter
- 3 Balance
- 4 Water Bath
- 5 Shaking Rack Unit
- 6 Pipette Shaker for 10-place
- 7 Microscope
- 8 General Laboratory Centrifuge
- 9 Incubator
- 11 Drying Oven
- 12 Magnetic Stirrer
- 13 Differential Leucocyte Counter, 12-Key
- 14 Coagulometer
- 15 Electric Refrigerator
- 16 Hematocrit Centrifuge
- 19 Micro Titter System

PAT: DEPARTMENT OF PATHOLOGY

5. WASHING ROOM

- 1 Water Still with Storage Tank and
Water Softener
- 2 Automatic Pipette Washer
- 3 Hot Air Dryer
- 4 Brush Washer
- 5 Erecta Shelf
- 6 Utility Cart

PAT: DEPARTMENT OF PATHOLOGY

3. MICROBIOLOGY

- 2 Incubator
- 3 Electric Refrigerator
- 4 Hot Air Sterilizer
- 5 General Laboratory Centrifuge
- 6 Counter Balance
- 7 Water Bath
- 8 Binocular Microscope
- 9 Koch Sterilizer
- 10 Autoclave
- 12 Gas Pack System
(Anaerobic Cultivate System)

PAT: DEPARTMENT OF PATHOLOGY

6. AUTOPSY ROOM (MORTUARY)

- 1 Mortuary Refrigerator for 18 Bodies
- 2 Autopsy Table
- 3 Boiling Instrument Sterilizer
- 4 Autopsy Light
- 5 Morgue Cart
- 6 Weighing Scale
- 7 Suction Unit
- 8 Instrument Cabinet
- 9 Instrument Tray Stand
- 10 Dissecting Instrument Set 1
- 11 Organ Photographic System

BB: BLOOD BANK

1. BLEEDING ROOM

- 1 Bleeding Bed with Arm Board
- 3 Sphygmomanometer, Stand Type
- 4 Instrument Boiling Sterilizer
- 5 Littmann Type Stethoscope
- 6 Instrument Cabinet
- 7 Refrigerator 250ℓ
- 8 Treatment Carriage

BB: BLOOD BANK

2. PREPARATION

- 1 Auto Clave (desk top type)
- 2 Hot Air Sterilizer
- 4 Blood Bank Refrigerator
- 5 Centrifuge

PHA: PHARMACY

1. PHARMACEUTICAL ROOM

- 2 Ampoule Cabinet
- 3 Medicine Refrigerator
- 4 Refrigerator
- 5 Safe for the Medicine
- 6 Water Still with Water Softener Apparatus
- 7 Washing Machine for Bottle
- 8 Pre-immersion Tank for above
- 9 Counter Balance
- 11 Top-pan Balance
- 12 Utility Cart
- 13 Glassware

CSSD: CENTRAL STERILIZING SUPPLY DEPARTMENT

- 1 Large Steam Sterilizer
- 2 Small Steam Sterilizer
- 3 Ultrasonic Cleaner
- 4 Hot Air Sterilizer
- 5 Erecta Shelf
- 6 Instrument Cabinet
- 7 Needle Washer
- 10 Working Table, Stainless Steel
- 12 E.O.G. Sterilizer
- 13 Instrument Tray w/cover 30 x 24
- " " " 27 x 21
- " " " 24 x 18
- " " " 21 x 15
- 14 Dressing Drum 27c/m
- " 18c/m
- " 12c/m
- 15 Forceps Jar 9c/m
- " 7.5c/m
- " 6c/m
- 16 Dressing Jar 6c/m ϕ
- " 9c/m ϕ
- " 12c/m ϕ
- 17 Pus-Basin 21c/m
- " 24c/m
- " 30c/m
- 18 Bowl (S.T.) 12c/m ϕ
- " " 15c/m ϕ
- 19 Catheter Tray 36c/m
- " " 32c/m
- 20 Tampon Jar 7.5c/m ϕ
- 21 Water Pitcher 2l
- 22 Bedpan (ST) L
- " (ST) S
- 23 Test Tube Rack (S.T.) 17 ϕ x 24

OR: OPERATING THEATRE

1&2. GENERAL SURGERY

- 1 Universal Operating Table with Accessories
- 2 Operating Room Light, Ceiling
- 3 Recessed Type Film Illuminator
- 4 Recessed Type Instrument Cabinet
- 5 Operating Room Light, Stand Type
- 6 Anesthesia Apparatus with Standard Accessories
- 7 Anesthesia Instrument Table
- 8 Anesthetist's Stool
- 9 Electro-Surgical Unit
- 10 Kick Type Suction Bottle Frame
- 11 Electric Suction Unit
- 12 Sphygmomanometer, Stand Type
- 13 Irrigator Stand, Double Hook
- 14 Treatment Carriage
- 15 Instrument Tray Table
- 16 Mayo Instrument Stand
- 17 Footstool for One-step
- 18 Kick Bucket
- 19 Drum Stand, for 27cm. ϕ
- Ditto, for 18cm
- 20 Endotracheal Tube
- 21 Thermo-Exchanger Apparatus (Heating only)
- 22 Hart Monitor with Trolley

OR: OPERATING THEATRE

3. DERMATOLOGY/UROLOGY

- 1 Operating Table with Accessories
- 2 Operating Room Light, Ceiling Up-down Type
- 3 Operating Room Light, Stand Type
- 4 Recessed Type Film Illuminator
- 5 Recessed Type Instrument Cabinet
- 6 Anesthesia Apparatus with Standard Accessories
- 7 Endotracheal Tube Set, Adult
- 8 Anesthesia Instrument Table
- 9 Anesthetist's Stool
- 10 Electro-Dermatome
- 11 Kick Type Suction Bottle Frame
- 12 Irrigator Stand, Double Hook
- 13 Treatment Carriage
- 14 Instrument Tray Table
- 15 Mayo Instrument Stand
- 16 Footstool, for One-step
- 17 Dressing Drum Stand (27c/m)
- " (18c/m)
- 18 Sphygmomanometer Stand Type

OR: OPERATING THEATRE

4&5. ORTHOPAEDIC

- 1 Universal Operating Table with Leg Traction Attachment
- 2 Operating Room Light, Ceiling Up-down Type
- 3 Operating Room Light, Stand Type
- 4 Recessed Type Film Illuminator

- 5 Recessed Type Instrument Cabinet
- 6 Anesthesia Apparatus with Standard Accessories
- 7 Endotracheal Tube Set, Adult, and Infant
- 8 Anesthesia Instrument Table
- 9 Anesthetist's Stool
- 10 Electric Suction Unit
- 11 Kick Type Suction Bottle Frame
- 12 Sphygmomanometer, Stand Type
- 13 Irrigator Stand, Double Hook
- 15 Treatment Carriage
- 16 Instrument Tray Table
- 17 Mayo Instrument Stand
- 18 Kick Bucket
- 19 Footstool, for One-step
- 20 Dressing Drum Stand, 27cm.ϕ
" , 18cm.ϕ
- 22 Electro-Surgical Unit

OR: OPERATING THEATRE

6. ENT/OPHTHALMOLOGY

- 1 Operating Table w/Endoscopy Head Rest
- 2 Operating Room Light, Ceiling Up-down Type
- 3 Operating Room Light, Stand Type
- 4 Recessed Type Film Illuminator
- 5 Recessed Type Instrument Cabinet
- 6 Anesthesia Apparatus with Standard Accessories
- 7 Endotracheal Tube Set, Adult
" , Infant
- 8 Anesthesia Instrument Table
- 9 Anesthetist's Revolving Stool
- 10 Electric Suction Unit
- 11 Kick Type Suction Bottle Frame
- 13 Ono-Jackson Endoscope Instrument Set
- 14 Revolving Stool for Operator, Oil Hydraulic
- 15 Operating Microscope for ENT/EYE
- 16 TORX OR Type Micrometer Hand Drill with 2 Handpieces
- 17 Treatment Carriage
- 18 Instrument Tray Table
- 19 Mayo Instrument Stand
- 20 Sphygmomanometer, Stand Type
- 21 Irrigator Stand
- 22 Dressing Drum Stand, 27cm.ϕ
" , 18cm.ϕ

OR: OPERATING THEATRE

7&8. FOR CASUALTY

- 1 Operating Table
- 2 Operating Room Light, Ceiling Up-down Type
- 3 Operating Room Light, Stand Type
- 4 Recessed Type Film Illuminator
- 5 Recessed Type Instrument Cabinet
- 6 Anesthesia Apparatus with Standard Accessories

- 7 Endotracheal Tube Set, Adult
" , Infant
- 8 Anesthesia Instrument Table
- 9 Anesthetist's Revolving Stool
- 10 Electric Suction Unit
- 11 Kick Type Suction Bottle Frame
- 12 Electro-Surgical Unit
- 13 Sphygmomanometer, Stand Type
- 14 Irrigator Stand, Double Hook
- 15 Treatment Carriage
- 16 Instrument Tray Table
- 17 Mayo Instrument Stand
- 18 Footstool, for One-step
- 19 Dressing Drum Stand, 27cm.ϕ
" , 18cm.ϕ
- 20 Operating Instrument (Various Type)
- 21 Operating Table for Infant

OR: OPERATING THEATRE

9. SCRUB-UP

- 1 Water Sterilizer
- 2 Soap Dispenser
- 3 Sterilized Brush Dispenser
- 4 Basin Stand (Two-Basin)

OR: OPERATING THEATRE

10. SUB-STERILIZER ROOM (4-ROOM)

- 1 Compact Steam Sterilizer, High Speed Type
- 2 Instrument Sterilizer, Foot Pedal Type (Boiling System)

OR: OPERATING THEATRE

11. RECOVERY ROOM

- 1 Recovery Bed with I.V. Pole and Cylinder Receptacle
- 2 Examination Lamp
- 3 Sphygmomanometer, Stand Type
- 4 Irrigator Stand, Double Hook
- 5 Treatment Carriage
- 6 Oxygen Inhaler Apparatus

DEL: DELIVERY UNIT

1. LABOUR

- 1 Labour Bed
- 2 Doppler Foetus Detector
- 3 Wheel Stretcher
- 4 Examination Lamp
- 5 Laundry Bag Carrier
- 6 Instrument Table
- 7 Sphygmomanometer Stand Type

DEL: DELIVERY UNIT

2. DELIVERY ROOM (2-ROOM)

- 1 Obstetric Delivery & Operating Table
- 2 Operating Room Light, Ceiling Up-down Type, Medium
- 3 Operating Room Light, Stand Type
- 4 Anesthesia Apparatus with Standard Accessories
- 5 Endotracheal Tube Set, Adult
- 6 Anesthesia Instrument Table
- 7 Anesthetist's Revolving Stool
- 8 Automatic Resuscitator
- 9 Tocomonitor Unit
- 10 Suction Unit with Stand
- 11 Sphygmomanometer, Stand Type
- 12 Treatment Carriage
- 13 Mayo Instrument Stand
- 14 O.B. Gyne Operating Instrument Set
- 15 Dressing Drum Stand (27c/mø)
- " (18c/mø)
- 16 Basine Stand (Two-Basines)
- 17 Kymographic Insufflation Apparatus
- 18 Cryosurgery Apparatus for "GYNE"

DEL: DELIVERY UNIT

3. PREPARATION ROOM

- 1 Instrument Sterilizer, Foot Pedal Type
- 2 Water Sterilizer
- 3 Washin Basin Stand for Two
- 4 Instrument Cabinet
- 5 Refrigerator
- 6 Infant Stretcher
- 7 Baby Treatment Table
- 8 Infant Scale
- 9 Instrument Table

ICU/CCU: INTENSIVE CARE UNIT/
CORONARY CARE UNIT

1. ICU/CCU DEPARTMENT

- 1 Patient Bed
- 2 Suction Machine
- 3 Anesthesia Machine
- 4 Bedside Monitor
- 5 Intra-arterial B.P.Apparatus
- 6 Defibrillator
- 7 E.C.G. Machine
- 8 External Demand Pace Maker
- 9 X-Ray Film Viewer
- 10 B.P Apparatus Stand Type
- 11 Blood Gas Analysis Machine (Manual)
- 13 Stand Light
- 14 Oxygen Analyzer
- 15 Wright Spirometer
- 16 Ambu Type Resuci-Bags
- 17 Automatic Respirator (Volume Type)
- 18 Automatic Respirator (ICU Type)
- 19 Post-Operative Infant Incubator
- 20 Electro-Thermometer
- 21 Instrument Table
- 22 Oxygen Inhaler Apparatus

ICU/CCU: INTENSIVE CARE UNIT/
CORONARY CARE UNIT

2. DURTY UTILITY

- 1 Bedpan Washer
- 2 Bedpan Rack Stand

WRD: WARD

1. COMMON

- 1 Oxygen Inhaler Apparatus
 - 2 Resuscitator, Hand Drive
 - 3 Irrigator Stand, Double Hook
 - 4 Portable Electric Suction Unit
 - 5 Dressing Trolley
 - 6 Utility Cart
- Treatment
- 11 Examination Couch
 - 12 Examination Lamp
 - 13 Film Illuminator 14" x 17"/2-bank
 - 14 Examination Instrument Set
 - 16 Waste Foot Pedal
 - 17 Dressing Drum Stand (27c/m)

Nurse Station

- 21 Electric Refrigerator
- 22 Instrument Cabinet (Steel Made)
- 23 Instrument Boiling Sterilizer
- 26 Electrical Kettle

Pantry

- 31 Boil Water Heater for Bowl Sterilizer
- 32 Ice Maker

Dirty Utility

- 41 Bedpan Washer (Chemical)
- 42 Bedpan Rack Stand

Others

- 51 Wheel Stretcher
- 52 Folding Wheel Chair
- 53 Paediatric Wheel Stretcher
- 54 Paediatric Folding Weel Chair
- 55 Laundry Bag

Patient Bed

- 61 Pay Patient Bed (Gatch Bed)
- 62 Ortho Bed
- 63 Paediatric Bed
- 64 Standard Bed
- 65 Standard Gatch Bed
- 66 Bed Side Cabinet
- 67 Over Bed Table
- 68 Back Rest
- 69 Food Tray Cart
- 70 Litter
- 71 Infant Bed w/Bassinnet

WRD: WARD

2. PARTICULAR FOR WARD

Medical

- 1 Electro Cardiograph 1-ch

- Paediatric
- 3 Oxygen Tent for Child
 - 4 Invalid Walker
- Surgical
- 5 Over Bed Cradle (Folding)
- Orthopaedic
- 6 Stryker Bed
 - 7 Traction Apparatus
 - 8 Over Bed Cradle (Folding)
- Gyn/Obs
- 9 Obs/Gyn Examination Table ("Kunabara" Model)
- ENT
- 10 ENT Suction Unit w/Irrigator
 - 11 ENT Treatment Chair Simple Type

PRE: PREMATURE

1. PREMATURE ROOM

- 1 Infant Incubator
- 2 Automatic Resuscitator for Infant
- 3 Photo Therapy Unit
- 4 Oxygen Tent for Infant
- 5 Oxygen Analyzer
- 6 Oxygen Inhaler Apparatus
- 7 Bassinet Stand
- 8 Instrument Table

PRE: PREMATURE

2. MILK ROOM

- 1 Water Boiler
- 2 Nursing Bottle Sterilizer
- 3 Glass Washer with Nursing Brushes
- 4 Mixer
- 5 Milk Warmer
- 6 Electric Refrigerator
- 7 Utility Cart

JICA