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## Sleep Laboratory Services Inspection Checklist- Random

Name of the Facility: \_\_\_\_\_

Date of Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ref.	Description	Yes	No	N/A	Remarks
<b>1</b>	<b>Introduction</b>				
1.1.2.	Outpatient facilities with one (1) of the following twenty-four (24) hours service:				
1.1.2.1.	Neurology				
1.1.2.2.	Otolaryngology				
1.1.2.3.	Pediatric Pulmonology				
1.1.2.4.	Pediatric Sleep Medicine				
1.1.2.5.	Pulmonology				
1.1.2.6.	Sleep Medicine				
<b>2</b>	<b>Registration and licensure procedures</b>				
2.5.3.	Install and operate equipment required for provision of the proposed services in accordance with manufacturer specifications.				
<b>3</b>	<b>General design considerations</b>				
<b>3.2.</b>	<b>Sleep therapy room</b>				
3.2.11.	Each sleep therapy room shall have a mechanism for visual monitoring and video recording of patients during sleep therapy. Time delayed photographs shall not be acceptable as a mechanism for visual monitoring.				
3.2.12.	The health facility shall maintain equipment for delivery of positive airway pressure (PAP) therapy for sleep apnea, which is controlled by a remote control.				
<b>4</b>	<b>Professional requirements</b>				

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4.2.	Physicians who can operate and interpret sleep laboratory results shall be:				
4.2.1.	Neurologist (with twelve (12) months training in sleep medicine)				
4.2.2.	Otolaryngologist (with twelve (12) months training in sleep medicine)				
4.2.3.	Pediatric Pulmonologist				
4.2.4.	Pediatric Sleep Medicine Specialist				
4.2.5.	Pulmonologist				
4.2.6.	Sleep Medicine Specialist				
4.4.	Pediatric sleep medicine physicians shall be employed to diagnose treat and manage pediatric patients with sleep disorders. They shall not manage adult patients with sleep disorders.				
4.5.	American board Sleep Medicine Specialist can assess and treat both adult and pediatric patients.				
4.6.2.	The polysomnographic technologist shall document ongoing evaluation and management of every patient with sleep disorder.				
4.6.5.	The patient to technologist ratio should be 2:1 under most circumstances for attended polysomnography.				
4.6.6.	For infants, young children and older children/ adults with special needs the ratio of patient to technologist is 1:1.				
4.6.7.	The polysomnographic technologist shall maintain a valid Basic Life Support (BLS) certification.				
4.6.8.	The polysomnographic technologist treating pediatric patients shall maintain a valid Pediatric Advanced Life Support (PALS) certification.				
<b>5</b>	<b>Health records</b>				
5.1.	All sleep laboratories shall maintain appropriate health records for patient evaluated by the facility and also for referred patients by other health facilities.				

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5.2.	Health records shall document patient interaction, including initial evaluation, sleep therapy (if any), diagnosis, treatment, CPAP assessment and follow-up.				
5.3.	The health record shall include written indication that the physician has reviewed and approved the proposed evaluation.				
5.4.	Every evaluation shall be signed and stamped by the physician in case of paper based health records and signed off in case of electronic health records.				
<b>6</b>	<b>Patient care and safety</b>				
6.5.	The sleep laboratory shall be equipped with emergency equipment like emergency cart with defibrillator or Automated Electronic Defibrillator (AED).				
6.8.	Provide hand rub stations at convenient locations throughout the sleep laboratory.				
6.10.	The facility shall maintain fire extinguishers. There shall be trained staff to respond to fire events. Orientation on the fire safety measures should be included in new staff induction program.				

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