



CONFIDENTIAL
HIV Testing Checklist

Type of Assessment	Preliminary / Initial / Renewal / Surveillance / Non-Routine / Verification
Laboratory Name	
Lab Director	
Address	
Tel	
Fax	
Names of persons seen	
Date of visit	

Technical Assessor(s)/Expert(s)

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Name & Signature

Date

Lead Assessor

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Name & Signature

Date

No.	Description	Yes	No	Comments
1	Equipment			
	Method used in HIV testing:			
	ELISA			
	CLIA			
2	Confirmation			
	Initially reactive sample referred to CPHL / MoH			
3	Quality Control			
	Is the laboratory participate in control program of serological tests?			
	Use Known sample as a positive control			
4	Documentation & Records			
	Laboratory HIV results documented?			

5	Safety Measures			
	Waste Containers available and labeled for disposal of hazardous waste			
	Biohazardous sharps containers available and properly labelled			
	liquid waste placed in leak-proof unbreakable containers			
	Availability of colored waste autoclavable bags			
	Availability of segregation of medical waste			
6	Autoclave			
	Autoclaving of medical waste			
	Autoclave operating procedure available			
	Monitoring of autoclaves with biological & chemical indicators performed regularly			
	Records of biological & chemical indicator testing kept			
	Records of autoclave cycle logs (time, pressure and temp.) available			
7	Policy of medical waste treatment			
	Autoclaving the medical waste ,then use waste			
	Incineration on location			
	Valid incineration agreement available			
	Frequency of waste transportation			
	Vehicle for transport of hazardous waste as needed			

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Other Observation and Comments

Additional Notes