



المديرية العامة للمؤسسات الصحية الخاصة
Directorate General of Private Health Establishments

Audit Checklist Form for Chinese Medicine Clinics

May 2026

Document Title	Audit Checklist Form for Chinese Medicine Clinics	
Document Type	Audit form	
Directorate/Institution	Directorate General of Private Health Establishments	
Target group	Chinese Medicine Clinics	
Document Authors and their Designations	Dr. Noora Al Amri Dental specialist	
Document Reviewers	Dr Zakiya AlBahri Specialist (Family Medicine &OHS) Dr Munira AlHashmi Public Health Specialist Ms Fawzya AlHasani Specialist nursing Ms Alya AlBahri Head of Alternative and complementary Medicine Practitioners Licensing Section	
Release Date	May 2026	
Review Frequency	Three Years	

Validated By		Approved By	
Name	Dr Munira Alhashmi	Name	Dr Muhanna Al Muslahi
Designation	Director of Alternative & Complementary medicine Department	Designation	Director General of Directorate General of Private Health Establishments
Signature		Signature	
Date	October 2026	Date	October 2026

Audit Checklist Form for Chinese Medicine Clinics

Date of Audit:													
Visit No:	• 1 st visit	• 2 nd Visit	• 3 rd Visit										
Date of last Audit:													
Health Establishment Name:													
Health Establishment License No:													
Health Establishment Location (Gov/Willayat):													
Contact No:	Tel:		Mobile:										
Email Address:													
Purpose of The Visit:	○ Regular Audit ○ Follow Up Visit ○ Post-violation Audit ○ Other; specify:												
Provided Services:	1. Acupuncture	2. Electroacupuncture	3. Dry Cupping										
	4. Wet Cupping / Hijama	5. Fire Cupping	6. Moxibustion										
	7. Infrared Heat Therapy (Heat Lamp)	8. Herbal Medicine	9. Acupressure / Tuina										
Number of Healthcare Professionals	1-Practitioner: _____ 2-Therapists /technicians: _____ 3- Other health care worker _____												
Average of patients seen per month													
Auditing Team Names and Designations:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1- Name:</td> <td style="width: 50%;">Designation:</td> </tr> <tr> <td>2-Name:</td> <td>Designation:</td> </tr> <tr> <td>3-Name:</td> <td>Designation:</td> </tr> <tr> <td>4-Name:</td> <td>Designation:</td> </tr> <tr> <td>5- Name:</td> <td>Designation:</td> </tr> </table>			1- Name:	Designation:	2-Name:	Designation:	3-Name:	Designation:	4-Name:	Designation:	5- Name:	Designation:
1- Name:	Designation:												
2-Name:	Designation:												
3-Name:	Designation:												
4-Name:	Designation:												
5- Name:	Designation:												

1 = Met

0.5 = Partially Met

0 = Not Met

Not Applicable (NA) = No Mark

1	Physical Environment Management	M	PM	NM	NA	Remarks
1.1	Commercial board (Under the supervision of Ministry of Health) & internal signage are displayed					
1.2	Accessible ramp with a side rail is available					
1.3	Wheelchair available near entrance					
1.4	Wheelchair access from main entrance to treatment areas					
1.5	Multi floor facilities have an elevator for patients' access					
1.6	The elevator provides sufficient internal space for safe patient's transfer					
1.7	The facility is well lighted					
1.8	Treatment room layout allows safe patient's movements and safe therapist ergonomics					
1.9	The facility is well ventilated					
1.10	Corridors are clear (not congested)					
1.11	Corridor's handrail is available					
1.12	Furniture is non-fabric or covered with plastic or antimicrobial certified (check certificate if furniture certified)					
1.13	Treatment / examination bed is insulated, stable, waterproof, and easy to disinfect.					
11.14	Metal Blinds /non-flammable curtains with cleaning records					
1.15	All areas are labeled with proper signage					

1.16	Availability of Paper roll / clean linen (bed sheet and blankets)					
1.17	Cupboard for treatment items as per MOH requirements					
1.18	Patient's rights & responsibility poster displayed at waiting area in Arabic and English					
1.19	Patient privacy is maintained (curtain or wall between patients)					
1.20	Class B autoclave (Optional)					
2	Quality Management	M	PM	NM	NA	Remark
2.1	Self-audit is conducted at least once a year & audit report available					
2.2	Key Performance Indicators (KPI) is measured/ According on what requested by DGPHE					
2.3	Platform for Comments Complain Compliment (CCC) is available					
2.4	Facility has a regular process to measure staff compliance to the policies					
2.5	Informed Consent form available					
2.6	Post-procedure instructions available					
2.7	Incident/accident reporting system / Form					
2.8	Emergency response plan (e.g., adverse reaction management, Fire hazards, Fall, etc....))					
3	Facility Documents	M	PM	NM	NA	Remarks
3.1	Valid MOH license is available					
3.2	Approved sketch of the facility (MOH stamped) is available					
3.3	Complying with scope of practice and code of ethics					
3.4	Valid civil defense and municipality licenses is available					
3.5	List of approved prices is available					

3.6	Cleaning company contract/ sponsored cleaner registered for the facility is available					
3.7	Valid laundry contract or receipts is available					
3.8	Valid Medical waste contract (Be'ah) is available with the last receipt of waste collection (if acupuncture, and Wet cupping practiced)					
4.	Human Resources Management	M	PM	NM	NA	Remarks
4.1	Each staff has portfolio including their qualifications and job description. Confidentiality of staff personnel files is maintained.					
4.2	Health care workers are licensed by MOH					
4.3	Health care workers working as per specialty licensed for					
4.4	The facility and practitioner are licensed for the type of cupping provided.					
4.5	All working staff are complying with the dress code policy and wearing ID badge					
4.6	Health care workers are aware about where to find facility approved policies.					
4.7	Health care workers should be minimum 3 in any facility (1 practitioner +male and female therapist)					
4.8	List of working health staff					
4.9	All staff are vaccinated as per MOH regulations: Influenza, Hepatitis B (3 doses), Varicella (2 doses), MMR (2 doses), TDAP (1 dose)					
4.10	All health care workers maintain CME logbook					
4.11	All health care workers have valid BLS					

5	Medical Record /Health Information Management	M	PM	NM	NA	Remarks
5.1	Omani Receptionist is available					
5.2	Medical record policy is available, & receptionist aware about it.					
5.3	A Reception computer is available with medical record system recommended by MOH with a printer					
5.4	A Reception phone is available					
5.5	A suggestion box or another feedback system is available					
5.6	Each patient has file number					
5.7	Filing and numbering in the system is available for easy Retrieval					
5.8	Appointments, follow up & procedure visits are recorded					
5.9	Patients are registered by ID card number or passport and three names with the tribe. (For expatriates, use the same name in the ID card/passport), gender & date of birth, address, and phone number					
5.10	ICD coding updated and used for all visits by the doctors. (ICD 10 code)					
5.11	The system for storing medical records has off-site backup functionality.					
5.12	Server of medical record system is located in Oman					
6	Patient's Health Record Management	M	PM	NM	NA	Remarks
6.1	Every health care worker has individual account with password.					
6.2	All documentation is done electronically					

6.3	Documentations in the system cannot be edited after 24 hours					
6.4	• All healthcare workers document is completed as per MOH policy: • Presenting complaint including duration, mechanism of onset, aggravating, and relieving factors. • History of presenting complaint. • Relevant medical history including past medical/surgical history, medication history, allergy history, and relevant family/social/occupational history. • Red flag screening and precaution identification. • Skin condition and general contraindications are assessed. • TCM assessment, relevant contraindication screening, clinical diagnosis, acupuncture points or procedures performed, patient response and follow-up plan. • Special tests where applicable • Vital signs documented when clinically indicated. • Clinical diagnosis • Outcome measures recorded at baseline and during reassessment (where applicable). • Treatment plan documented with clear goals (short-term and long-term).					

	• Treatment techniques provided during each session. • Referral to another specialty is documented where indicated. • Follow-up plan and frequency of sessions. • Reassessment findings					
6.5	Patient's referral letters are electronic where applicable					
6.6	All healthcare workers can access relevant multidisciplinary notes when needed for patient care					

7	Fire Safety & Security Management	M	PM	NM	NA	Remarks
7.1	Fire evacuation plan is available (Check the plan)					
7.2	Disaster management plan is available (Check the plan)					
7.3	Wall mounted or stand fire extinguisher with date of next maintenance is available.					
7.4	Record of regular extinguisher maintenance is available (next date maintenance written)					
7.5	Staff are trained on fire & safety (check records)					
7.6	Emergency exit & signage is displayed					
7.7	Fire assembly point with signage is available & staff aware about it (ask staff)					
7.8	-Suitable fire and burn controls (heat-resistant mat or fire blanket) are immediately accessible. - Staff should know which equipment to use and how to summon help.					

7.9	Smoke is not recirculated and fire-detection systems remain active.					
7.10	System security is placed (e.g., CCTV cameras). The CCTV monitor installed in the facility working (the interval recording for 3 months)					
8	Equipment Management	M	PM	NM	NA	Remarks
8.1	Preventive Plan Maintenance (PPM) contract for equipment with date of next maintenance written on equipment					
8.2	Maintenance services are done. (Check sticker on machines).					
8.3	Equipment is kept clean & stored neatly					
8.4	All cables are properly routed to eliminate tripping hazards					
9	Consumables Storage Management (Store)	M	PM	NM	NA	Remarks
9.1	Room is well ventilated					
9.2	Room is well lighted					
9.3	Room is well cleaned, organized and Shelves are labelled					
9.4	All consumable items are not expired (check expiry randomly)					
9.5	Room thermostat is available & temp checked daily (check record)					
9.6	Expiry of supplies, material & medications are tracked regularly by a designated responsible staff					
9.7	Medications/material available comply with facility's license & scope of services offered					
9.9	Storage cabinets, shelving					
9.10	alcohol-based antiseptic solution					
9.11	full set of cupping items (Single use)					
9.12	Single-use pre-sterilized disposable solid needles					
9.13	Sterile Gauze					

9.14	Sterile dressing					
9.15	Clean Disposable Gloves					
9.16	Disposable sterile blades					
10	Emergency Management	M	PM	NM	NA	Remarks
10.1	AED or Defibrillator is checked daily (check MOH registered medical supplier)					
10.2	Facility contains an emergency medication kit(s) evenly distributed across the facility & containing the minimum requirements to manage an emergency situation. (e.g., Epinephrine pen and AMBU Bag)					
11	Equipment and Clinical Tools (Consultation room)	M	PM	NM	NA	Remarks
11.1	-Examination couch available which is easy to clean and disinfect with wet wipes -Stainless-steel Foot step available					
11.2	Blood pressure monitor available (check MOH registered medical supplier)					
11.3	Thermometer available (check MOH registered medical supplier)					
11.4	Stethoscope available (check MOH registered medical supplier)					
11.5	Handwashing facility with Elbow / sensor operated tap is available					
11.6	Glucometer available					
11.7	Basic weighing scale available					
11.8	Disk with computer is available					
12	Equipment and Clinical Tools (procedure room)	M	PM	NM	NA	Remarks
12.1	Examination couch / bed available which is easy to clean and disinfect with wet wipes					

	Stainless-steel Foot step available					
12.2	Stainless steel trolley with drawers					
12.3	Handwashing facility with Elbow / sensor operated tap is available					
12.4	Stainless steel or disposable trays					
12.5	Storage cabinets, shelving					
12.6	alcohol-based antiseptic wipes					
12.7	full set of cupping items (Single use)					
12.8	Single-use pre-sterilized disposable solid needles					
12.9	Sterile Gauze					
12.10	Sterile dressing					
12.11	Clean Disposable Gloves					
12.12	Disposable sterile blades					
12.13	Electroacupuncture is provided by a trained, licensed practitioner using a clinical device.					
12.14	Electrical safety, precautions and contraindication screening for electroacupuncture					
12.15	Safe positioning, timer use and patient monitoring during infrared therapy					
12.16	moxibustion rooms to install exhaust fans or dedicated ventilation ducts, which must operate during all treatment sessions to maintain acceptable indoor air quality.					
13	Herbal Medicines and Products (Audited by drug and safety center)	M	PM	NM	NA	Remarks
13.1	Herbal medicines stored properly					
13.2	Products approved (check approval letter)					
	Expiry dates monitored					

13.3	Batch traceability available					
13.4	Proper labeling of medicines					
13.5	Temperature control where required					

Infection Control & Disease Prevention Audit

14	Infection Prevention Management	M	PM	NM	NA	Remarks
14.1	Infection control policies available & staff aware about it					
14.2	-All staff have evidence of training in Infection Control and Prevention. (Available online module in OMSB-Hakeem). -training certificates of attendance should be submitted with other documents					
14.3	occupation injury, infectious diseases and poisoning notification forms and guidelines are available					
15	Environmental disinfection Management	M	PM	NM	NA	Remarks
15.1	MOH approved disinfectants available in the department.					
15.2	Floors are cleaned or disinfected using double/ triple bucket technique.					
15.3	The mop and solution are changed frequently and after being used to clean any potentially infectious materials.					
15.4	Appropriate PPE is used by housekeepers during their activities.					
15.5	One spill kit at a minimum is available in the facility					
15.6	Housekeeper & health care workers aware how to use spill kit properly.					
16	Hand Hygiene Management mandatory for all treatment rooms)	M	PM	NM	NA	Remarks
16.1	Clean hand hygiene sinks with elbow/sensor operated tap					
16.2	Wall mounted non-refillable medical soap or medical foam with (chlorhexidine 4%) is available					
16.3	None refill hand sanitizer 60-70% alcohol/Ethanol is available					
16.4	Filled tissue dispenser is available					

16.5	Laminated poster for the steps of hand hygiene is available (Hand washing & hand rub)					
16.6	Pedal bin with black/ yellow bags is available					
17	Toilets Facility	M	PM	NM	NA	Remarks
17.1	Clear signage is fitted for the toilets					
17.2	Toilets are clean					
17.4	Exhaust fan or air vent is available					
17.5	Laminated cleaning roster is displayed and kept in transparent protector (behind the door)					
17.6	Pedal bin with black bags is available					
17.7	Elbow/sensor operated tap and sink is available					
17.8	Wall mounted non-refilled medical or non- medical sanitizer is available					
17.9	Hand drying facility is available (hand dryer/tissue dispenser)					
17.10	Laminated poster for the steps of hand hygiene is available					
18	Janitor/Utility Room	M	PM	NM	NA	Remarks
18.1	Clear signage is fitted for dirty utility room					
18.2	Two sinks (floor -for the dirty water) and hand-washing sinks both with elbow operated tap) with running water available.					
18.3	Room is clean and well organized.					
18.4	Double sided buckets are available.					
18.5	Cleaning materials are coded and kept hanged.					
18.6	Exhaust fan or air vent is available.					
18.7	Pedal bin with black bag / yellow is available.					
19	Linens Waste Management	M	PM	NM	NA	Remarks

19.1	All types of linen bag are placed away from traffic.					
19.2	Linen bags are available and not overfilled					
19.3	Clean and dirty linen are stored and handled separately					
19.4	Color-coded linen bags are available (white bag for general linen & red bag with water-soluble bag for infectious linen)					
20	Medical Waste Storage Room	M	PM	NM	NA	Remarks
20.1	Should be accessible for staff handling the waste (Be'ah team)					
20.2	Should be properly locked, only the authorized people are allowed to enter this room					
20.3	Should be accessible to facility's fire extinguishers					
20.4	Logo of biohazard is clearly placed at the entrance of the storage room					
20.5	The storage room & container is kept at height from ground level & free from infestations or pests					
20.6	The storage room is clean, disinfected & washed (check record of last time washed)					
20.7	The storage room is well ventilated with air conditioning A/C (for clinics exhaust fan or air vent is acceptable)					
20.8	The storage room is well lighted					
20.9	The storage room has hand hygiene sink, soap and drainage system (floor drain)					
20.10	The medical waste bins are not overfilled					
20.11	Spill cleanup kits in case of accidental spills or emergencies is available and ready to use.					
20.12	Color-coded bins are available (black for general waste, yellow medical waste)					
21	Sharp Waste Management	M	PM	NM	NA	Remarks

21.1	Sharp container available and not overfilled					
21.2	Wastes are properly discarded according to MOH rules					
21.3	All types of waste containers are placed away from traffic.					
21.4	Sharp container puncture resistant and leak-proof is available					