



EquipAfrica Charitable Trust

Pre-Project Audit Form

Initials:	Gender:	Professional Role:
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This form is to be allocated to at least **HALF** of the team members. The person allocated this form is to keep it on their person while carrying out their duties for at least 1 day and fill out accordingly as they interact with patients by making a tally in each of the appropriate boxes.

The questions at the end of the form can be filled out at the end and please answer as best as you can.

For example

Scenario	Yes	No
A piece of equipment was used in the care of the patient		

Question 1

Scenario	Yes	No
A piece of equipment was used in the care of the patient.		

Question 2

Scenario	Yes	No
The service provided for the patient was inadequate due to the unavailability of a piece of equipment If the equipment is not on the needs assessment please state it.		

Question 3

Scenario	Yes	No
The service provided for the patient was adequate but could have been significantly improved had there been a relevant equipment available If the equipment is not on the needs assessment please state it.		

Question 4

Scenario	Yes	No
You were unable to provide any form of care because relevant equipment was not available at that time If the equipment is not on the needs assessment please state it.		

Question 5

Scenario	Yes	No
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<p>Time taken to provide appropriate care for the patient was extended due to a shortage of equipment needed for that patient.</p> <p>If the equipment is not on the needs assessment please state it.</p>		
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Question 6

Scenario	Yes	No
<p>A patient remaining severely ill for an inappropriate period of time, becoming very ill or dying may have been solved or better controlled had a piece of equipment been available.</p> <p>If the equipment not on the needs assessment please state it.</p>		

Question 7

Are you currently happy with the level of equipment available for your use?

(If not please explain briefly)

Question 8

Do you feel as though providing the equipment in the needs assessment would make a difference to your practice?

(Please briefly state how).

Question 9

Would you recommend to others or even request for any equipment to be restocked (if necessary)?

(Please specify which products in particular).

Question 10

Do you feel as though you're lacking any training in the equipment that is available for your use?

(If yes please specify what equipment)