

INSPECTION CHECKLIST FOR INSPECTING OFFICER FOR NOC

| Sr. No. | Description | To be filled by Inspecting Officer |
|----------------|---|---|
| 1 | Structure Composition | |
| 2 | Location of premises with Access road & its Width | |
| 3 | No. of Entrance for Nursing Home | |
| 4 | No. of Exits for Nursing Home (Other than Entrance) | |
| 5 | Loft if any | |
| 6 | Mezzanine floor if any | |
| 7 | No. Of Staircases & its Width in mtrs | |
| 8 | Whether Separate Staircase provided to Nursing Home | |
| 9 | Whether Building Having Glass Façade | |
| 10 | Oxygen gas Cylinders used | |
| 11 | Location of Oxygen gas Cylinders | |
| 12 | Pantry / Canteen & Location | |
| 13 | Fuel used in Pantry / Canteen | |