



NZASA Clinic Inspection & Professional Visit Form 2012

This form is designed to meet the professional practicing requirements of NZASA Inc, and where possible meet local by-law requirements.

This checklist does not, however, replace Health Licenses.

Please ensure you contact your local Council to discuss their requirements for Health Licenses for acupuncture clinics.

321 Great South Road,
Greenlane, Auckland 1026, New Zealand
Email: nzasainc@xtra.co.nz

Practitioner Name: _____ **Registration No.:** _____

Reception / Access	1 st Visit	Follow-up date
Qualifications on display		
Fees on display		
H&D Code of Rights on display		
Car parking		
Disabled access (wheelchair/assisted)		
General access		

Environment	1 st Visit	Follow-up date
Seating (waiting & consultation room)		
Audio visual privacy (rooms, curtains etc)		
Examination table (with foot stool if required)		
Bathroom facilities (soap, hand towel/paper towels, waste bin)		
Lighting (lights, daylight)		
Ventilation (windows or extractor fan)		
Heating		

Cleanliness	1 st Visit	Follow-up date
General (floors, walls, hand basin, surfaces etc)		
Clean towels, sheets, cloths etc		
Storage of linen and other clinical supplies in closed area		
Disposal of used linen etc into lidded container for washing		
Cleanliness of cups for refreshments		
Gloves & cleaning materials for washing equipment & clinic		

Equipment	1 st Visit	Follow-up date
Washbasin (accessible for practitioner) or hand sterilising gel		
Sterile, single-use, disposable needles		
Cotton buds or balls for removing needles		
Safe disposal of needles – sharps container		
Fire extinguisher / Fire blanket		

Patient Treatment	1 st Visit	Follow-up date
Evidence of informed consent + sample to NZASA		
Evidence of case history form + sample to NZASA		
Evidence of follow up form + sample to NZASA		
Evidence of understanding of H&D rights		
Evidence of needling technique and other acupuncture skills		
Evidence of record keeping		
Evidence of ACC records in English (if applicable)		
Filing system – lockable, or secure electronic system		

Assessor's Name: _____

Date: _____

Assessor's Signature: _____