



INSPECTION REPORT

For the Accreditation of Civil Society Organizations

Inspecting Office: DOH Central Office or DOH CHD (Region ___ or MOH-BARMM)

If deputized, date of receipt of request to Office: _____

Date of actual inspection: _____

Date of submission of the inspection report: _____

I. IDENTIFYING INFORMATION

A. Name of the Civil Society Organization (CSO): _____

B. Stated Address: _____

C. Name of Head of CSO and Designation: _____

D. Contact Numbers: _____

E. Email Address: _____

F. Stated Technical Areas of Expertise or Areas of Focus of the CSO to be validated:

Technical Areas of Expertise or Areas of Focus	Geographical Areas of Operation (indicate specific location)	Target Clientele (indicate specific sector)

II. SITE VISIT / OCULAR INSPECTION

Addresses inspected:

- Stated Office Address (Principal Branch/Satellite)

- Area of Operation

III. SUMMARY OF FINDINGS

In order to validate the operations and location of the CSO in their stated address and/or area of operation, provide a narrative report in the space below guided by the questions stated below. Qualitative data may be generated from observations, interviews with persons found in the area or community, texts, documents and other written materials and others.

