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**FORMATO II - PARA REGISTRO DE**

**INFORMACIÓN DE LOS SERVICIOS BÁSICOS DEL ESTABLECIMIENTO DE SALUD**

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| **II.1 SERVICIOS BÁSICOS DEL ESTABLECIMIENTO** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **EL AGUA QUE UTILIZAN EN LAS IPRESS PROCEDE PRINCIPALMENTE DE** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ESTADO DE CONSERVACIÓN** | | | | | | | | | | **B** | |  | | | | | **R** | | | |  | | | | **M** | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LA IPRESS TIENE EL SERVICIO DE AGUA TODOS LOS DIAS DE LA SEMANA** | | | | | | | | | | **SI** | | | |  | | | | | | | **NO** | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HORAS AL DÍA** | |  | | | | | | | | **HORAS A LA SEMANA** | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PAGAN POR EL SERVICIO DE AGUA** | | | **SI** | |  | | **NO** |  | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **¿A QUE EMPRESA O ENTIDAD SE PAGA POR EL SERVICIO DE AGUA?** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **DESAGUE** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TIPO DE SERVICIO** | | |  | | | | | | | | **ESTADO DE CONSERVACION** | | | | | | | | | | | **B** | |  | | **R** | |  | | **M** |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SERVICIO** | **DISPONIBLE** | | | | | **PROVEEDOR** | | | | | | | **ESTADO DE CONSERVACIÓN** | | | | | | | | | | **CONTINUIDAD** | | | | | | | | | |
| **ELECTRICIDAD** | **SI** |  | | **NO** |  |  | | | | | | | **B** | |  | **R** | |  | **M** |  | | | **CONTINUO** | | | |  | **TEMPORAL** | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TELEFONÍA FIJA** | **SI** |  | | **NO** |  |  | | | | | | | **B** | |  | **R** | |  | **M** |  | | | **CONTINUO** | | | |  | **TEMPORAL** | | | |  |
|  |  |  | |  |  |  | | |  | | | |  | |  |  | |  |  |  | | |  | | | |  |  | | | |  |
| **INTERNET** | **SI** |  | | **NO** |  |  | | | | | | | **B** | |  | **R** | |  | **M** |  | | | **CONTINUO** | | | |  | **TEMPORAL** | | | |  |
|  |  |  | |  |  |  | | |  | | | |  | |  |  | |  |  |  | | |  | | | |  |  | | | |  |
| **RED MÓVIL** | **SI** |  | | **NO** |  |  | | | | | | | **B** | |  | **R** | |  | **M** |  | | | **CONTINUO** | | | |  | **TEMPORAL** | | | |  |
|  |  |  | |  |  |  | | |  | | | |  | |  |  | |  |  |  | | |  | | | |  |  | | | |  |
| **GAS NATURAL O GLP** | **SI** |  | | **NO** |  |  | | | | | | | **B** | |  | **R** | |  | **M** |  | | | **CONTINUO** | | | |  | **TEMPORAL** | | | |  |
|  |  |  | |  |  |  | | |  | | | |  | |  |  | |  |  |  | | |  | | | |  |  | | | |  |
| **ELIM. RESIDUOS SÓLIDOS** | **SI** |  | | **NO** |  |  | | | | | | | **B** | |  | **R** | |  | **M** |  | | | **CONTINUO** | | | |  | **TEMPORAL** | | | |  |
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| **ELIM. RESID.S HOSPITALARIOS** | **SI** |  | | **NO** |  |  | | | | | | | **B** | |  | **R** | |  | **M** |  | | | **CONTINUO** | | | |  | **TEMPORAL** | | | |  |

**II.2 SERVICIOS COLECTIVOS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICIO** | **DISPONIBLE** | | | | **ESTADO DE CONSERVACIÓN** | | | | | **SITUACIÓN DE SERVICIO** | | | |
| **SERVICIO HIGIENICOS Y VESTIDORES** | **SI** |  | **NO** |  | **B** |  | **R** |  | **M** |  | | | |
|  | | | | | | | | | | | | | |
| **SERVICIOS PARA DISCAPACITADOS** | **SI** |  | **NO** |  | **B** |  | **R** |  | **M** | **CONTINUO** |  | **TEMPORAL** |  |
|  | | | | | | | | | | | | | |
| **SSHH PERSONAL** | **SI** |  | **NO** |  | **B** |  | **R** |  | **M** | **CONTINUO** |  | **TEMPORAL** |  |
|  | | | | | | | | | | | | | |
| **VESTIDORES PERSONAL** | **SI** |  | **NO** |  | **B** |  | **R** |  | **M** | **CONTINUO** |  | **TEMPORAL** |  |

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| **COMUNICACIONES** | **Complementar con Ficha Servicios Básicos** |

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| **¿DISPONE DE CONEXIÓN A INTERNET?** | **SI** | **NO** | **¿DE QUÉ OPERADOR?** |  | |
|  |  | |  |  | |
| **CONTINUIDAD DE SERVICIO (SIEMPRE/TEMPORAL/NUNCA)** |  | | **¿DISPONE DE UNA RED CABLEADA O WI-FI?** | **CABLEADA** | **WIFI** |
|  |  | |  |  | |
| **PORCENTAJE DE AMBIENTES O SERVICIOS QUE TIENEN ACCESO A INTERNET** |  | | **¿PUEDE TRASMITIR VOZ, DATOS, IMÁGENES POR LA CONEXIÓN A INTERNET?** | **SI** | **NO** |
|  |  | |  |  | |
| **CONTINUIDAD DE SERVICIO (SIEMPRE/POR LAS NOCHES/NUNCA)** |  | | **¿REALIZA ALGÚN SERVICIO DE TELESALUD?** | **SI** | **NO** |
|  |  | |  |  | |
| |  | | --- | | **¿DISPONE DE SEÑAL DE TELEVISIÓN POR CABLE?** | |  | | **SI** | **NO** | **¿DE QUÉ OPERADOR?** |  | |
|  |  | |  |  | |
| **CONTINUIDAD DE SERVICIO (SIEMPRE/TEMPORAL/NUNCA)** |  | | **¿LAS SALAS DE ESPERA DISPONE DE TELEVISORES?** | **SI** | **NO** |
|  |  | |  |  | |
| **PORCENTAJE DE AMBIENTES QUE TIENEN TELEVISORES** |  | |  |  | |