

NAME & ADDRESS OF BLOOD BANK

Licence No.:- _____

**PRE CAMP SITE INSPECTION
REPORT
(BD-8)**



- **Date of camp:**
- **Place & Time:**
- **Target :**
- **Mobile van / outdoor facility:**
- **Name, address & mobile no. of Organizer:**

Items	Yes/No
Electrical supply	
Adequate light & ventilation	
Reception area	
Registration area	
Counseling area	
Medical examination facility	
Blood donation area	
Hand washing facility	
Furniture & equipment	
Refreshment & recovery area	
Clean & Hygienic environment	

Name & signature (with date) of camp organizer:

Name & signature (with date) of verifying officer: