



NZASA
New Zealand
Acupuncture Standards
Authority Inc.



321 Great South Road,
Greenlane, Auckland 1026, New Zealand
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NZASA Clinic Inspection Form

This form is designed to meet the professional practising requirements of NZASA Inc, and where possible meets local by-law requirements. This check list does not, however, replace Health Licenses. Please ensure you contact your local Council to discuss their requirements for Health Licenses for acupuncture clinics.

Practitioner Name: _____ Registration Number: _____

Clinic address: _____

Clinic Address: _____	1 st Visit	Follow-up date
Qualifications on display		
APC on display		
Fees on display		
H&D Code of Rights on display		
Car parking		
Disabled access (wheelchair/assisted)		
General access		
Hand Sanitiser available for public/patient use		

Environment	1 st Visit	Follow-up date
Seating (waiting and consultation room)		
Audio visual privacy (rooms, curtains etc)		
Stable treatment table (with foot stool if required)		
Bathroom facilities (soap, hand towel/paper towels, waste bin) as per NZASA Self-Audit Checklist.		
Lighting (lights, daylight)		
Ventilation (windows or extractor fan)		
Heating		

Health and Safety	1 st Visit	Follow-up date
Fire extinguisher or blanket		
First Aid Kit		
Working smoke alarm/s or heat detector if moxa is being used		

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

Treatment Room	1 st Visit	Folow-up date
Only sterile, single use needles are in use		
All sterile equipment and non-sterile material such as cotton wool is stored in a clean dry environment		
Sharps container (as per NZASA Self-Audit Checklist)		

Evidence of sharps disposal provider		
Hand sanitiser or a basin with soap, water and hand towels present in the treatment room		

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 record keeping		
Evidence of understanding of H&D rights		
Filing system - lockable or secure electronic system		
Evidence of needling technique and other acupuncture skills		
Evidence of ACC records in English		

Guidance for Assessor: For discussion with practitioner	Comments
Emergency plan in place	
Emergency exits identifiable and clear of obstacles	
Any questions regarding the NZASA Self-Audit Checklist	

Assessor⁷ Name: _____

Date: _____

Assessor's Signature: _____