IS 13808-3 (1995): Quality management for hospital services(upto 30 bedded hospitals)Guidelines, Part 3: Wards, nursing services and operation theatre [MHD 14: Hospital Planning]

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IS 13808 (Part 3) : 1995

(Reaffirmed 2000)

भारतीय मानक

अस्पताल सेवाओं के लिये गुणता प्रबन्ध (30 संसतरित अस्पताल तक) — मार्गदर्शी सिद्धान्त

भाग 3 वार्ड, परिचर्या सेवाएँ एवं शल्य चिकित्सा कक्ष

Indian Standard

QUALITY MANAGEMENT FOR HOSPITAL SERVICES (UP TO 30-BEDDED HOSPITALS) — GUIDELINES

PART 3 WARDS, NURSING SERVICES AND OPERATION THEATRE

UDC 362.111 : 615.38

BUREAU OF INDIAN STANDARDS
MANAK BHAVAN, 9 BAHADUR SHAH ZAFAR MARG
NEW DELHI 110002

April 1995

Price Group 7

FOREWORD

This Indian Standard (Part 3) was adopted by the Bureau of Indian Standards, after the draft finalized by the Hospital and Medical Care Services Sectional Committee had been approved by the Management and Systems Division Council.

Need has been felt for quality management and quality assurance procedures in hospital services so as to make the same more effective, economical and accountable. Once a medical and health care facility has been planned and provided with required instruments and equipment, there is a need to manage the facility scientifically so that quality service is provided to patients on continued basis. While basic management principles and individual skills are helpful in such efforts, optimum results can be achieved only if certain standards and guidelines are available for the management and operational systems of health and medical care services. For this purpose, it would be necessary to lay down norms and standards and to provide the requisite infrastructure needed for achieving the desired targets.

Most of the 30-bedded hospitals in the country, particularly in rural areas, lack in the basic facilities leading to dissatisfaction to user community. Therefore, there is an imperative need to set up some guidelines and standards for upgradation (both qualitative and quantitative) of in-patient services with a view to bring about efficiency and effective patient care management by way of controlling the hospital acquired infection, minimizing nurse fatigue, providing basic amenities to the patients and minimizing bottlenecks in the day to day functioning of the hospital.

A hospital ward is an integral unit of the hospital providing for in-patient care. This facility has to be properly managed in order to provide adequate medical and nursing services to the in-patients in a clean and pleasant environment. Nursing service should aim at ensuring patient satisfaction which will be based on high degree of nursing skill and good functional methods. Operation theatre is technically a therapeutic aid in which a team of surgeons, anaesthetists, nurses (and sometimes pathologists and radiologists) operate upon or care for the patients. A high degree of aseptic conditions should be ensured in the operation theatre to provide appropriate environment for staff and patients.

This part of the standard provides basic guidelines for evolving a well planned quality management programme which would result in quality health care to the patients in relation towards, nursing services, operation theatre and labour room in a 30-bedded general hospital. The other parts of this standard are as follows out of which Parts 1 and 2 have already been published in 1993 :

Quality management for hospital services (up to 30-bedded hospitals) — Guidelines —

Part 1 Out-patient department (OPD) and emergency services

Part 2 Diagnostic and blood transfusion services

Part 4 Hospital support services

Part 5 Hospital equipment management

The committee responsible for preparation of this standard is given at Annex J.

This standard is mainly for 30-bedded general hospitals such as community health centres/sub-district hospitals/intermediate hospitals and covers only a part of the quality management aspect in hospital services relating to infrastructure, skills, procedures and systems, etc, which is a prescription type provision, adherence to which is expected to result in services of desired quality. The other part, comprising of identification of attributes of quality and quantifying them, that is, performance type of standards for hospital services would be published in due course.

Indian Standard

QUALITY MANAGEMENT FOR HOSPITAL SERVICES (UP TO 30-BEDDED HOSPITALS) — GUIDELINES

PART 3 WARDS, NURSING SERVICES AND OPERATION THEATRE

1 SCOPE

This standard (Part 3) lays down guidelines for quality management procedures for:

a) wards,

b) nursing services,

c) operation theatre,

d) labour room.

in a 30-bedded general hospital.

2 REFERENCE

The following Indian Standard is necessary adjunct to this standard:

IS No.	*Title*
12433 (Part 1) : 1988	Basic requirements for hospital planning : Part 1 Up to 30-bedded hospitals

3 TERMINOLOGY

For the purpose of this standard, the following definitions shall apply.

3.1 Ward

An in-patient area, where patients are admitted for round the clock observation, investigation, dignosis and/or treatment under the supervision of trained and qualified medical and nursing personnel and also aided by various ancillary and support services of the hospital and to ensure that there is proper house-keeping.

3.2 Nursing Service

One of the largest service in the hospital which provides the adequate nursing care to meet the needs of the patients in the hospitals and this includes:

a) a programme for assisting the patients to achieve and maintain an optimum level of self-care,

b) written nursing procedures,

c) a nursing care plan for individual patients, and

d) on the job training programme for nursing personnel.

3.3 Operation Theatre

The facility meant for undertaking various kinds of surgical procedures, both major and minor, under aseptic conditions and environment.

3.4 Labour Room

An obstetrical area for providing delivery and health facilities for the new born under clean and aseptic conditions.

4 PLANNING

4.1 Physical Facilities

4.1.1 *Location*

It is not essential to classify the beds speciality-wise in the wards of a 30-bedded general hospital, it being a very small hospital. Therefore, the wards in a 30-bedded general hospital may have a Central Nursing Station separating the male beds on one side from the female and pediatric beds on the other side. For location and building requirements for wards, reference may be made to **13** of IS 12433 (Part 1) : 1988 and that for operation theatre/labour room, reference may made to **14** of IS 12433 (Part 1) : 1988.

4.1.2 *Functional and Space Requirements*

For functional and space requirements, reference may be made to **7** of IS 12433 (Part 1) : 1988.

4.1.3 *Staff, Instruments and Equipment Requirements*

For manpower requirements, reference may be made to **8** of IS 12433 (Part 1) : 1988.

4.1.3.1 For instruments and equipment requirements, references may be made to **9** of IS 12433 (Part 1) : 1988.

4.2 Expected Work Load

Wards in a 30-bedded hospitals are not expected to admit more than 30 patients at any given time. The

ideal bed occupancy rate is 90 percent. To provide the quality service to the patients, the bed occupancy rate should not exceed 90 percent. This can be achieved by ensuring the availability of adequate and trained manpower, essential drugs, equipment (in working condition), courteous behaviour of the staff and good public relation which would lead to the optimum utilization of the wards and nursing services.

As regards to operation theatre and labour room it is expected that about 75 major/minor obstetical and surgical procedures will be undertaken in a month.

5 ORGANIZATION STRUCTURE

5.1 With a view to provide an efficient quality management system, there should be a well planned organization structure for wards, nursing service, operation theatre and labour room which may be as given in Annex A.

The various activities under each of these services will be carried out by the respective medical/paramedical personnel. The overall functioning of all these services should be under the control of a designated medical officer-in-charge who would be overseeing the day-to-day functioning of these services in addition to his other duties.

6 FUNCTIONAL MANAGEMENT

6.1 Timings of Wards and Operation Theatre

Wards and labour room shall work round the clock. Operation theatre may function mainly during the morning hours but also attend to the emergency operations as and when required.

6.2 Functional Activities

There is a need to enhance the scope of in-patient services so that the ideal bed occupancy rate of 90 percent may be achieved and the patients are provided satisfactory service. Efficiency of these services will minimize the incidents of hospital acquired infections, reduce nurses fatigue, minimize bottlenecks and achieve optimum utilization of these services.

The main functions of wards, operation theatre and labour room may be as given in Annex B.

6.2.1 *Ward and Nursing Service*

In wards, the patients are admitted for round the clock observation, investigation, diagnosis and/or treatment. The basic consideration in the wards is to ensure efficient nursing care according to the needs of treatment in the respective medical discipline and checking cross-infection. In order to provide satisfactory service to the patients, the aim should be to optimize the work of the nursing staff and provide basic amenities to the patients. The distance to be travelled by a nurse from bed areas to treatment room, pantry, etc, should be kept to the minimum in order to minimize the nurse fatigue.

As soon as the patient reports at the ward for admission, he should be received by the nurse on duty at the central nursing station. A bed is allotted to the patient and it should be ensured by the nurse that the patient is provided with the basic needs and comforts namely dietary requirements, linen, toilet facilities, etc. In addition, the courteous behaviour of the nurse would give a feeling of warm reception to the patient and provide a patient friendly environment. The nurse shall also fill up the details of admission of the patient according to the proforma recommended in Annex C.

The doctor shall record the history of the patient in the prescribed proforma which may be as recommended in Annex D.

This shall be followed by the initiation of appropriate investigations and treatment, keeping appropriate medical/nursing records including temperature/pulse/respiration, medication to be given, etc, and monitoring the day to day progress of the patient by the doctors and nurses. All these records may be maintained as per the proforma recommended in Annex E.

In case the patient is required to undergo surgical operation, necessary documentation as to the consent of the patient may be prepared according to the proforma recommended in Annex F, before sending the patient to the operation theatre.

After ensuring that all the discharge criteria are met, the patient may be discharged after fulfilling all the documentational formalities as per the proforma recommended in Annex F and Annex G. The discharge slip (*see* Annex G) containing the brief record of history, diagnosis, treatment and advice should be maintained in duplicate (one for the patient and the other for the hospital records). The medical/nursing services should be so organized that there are minimum incidents of LAMA (Left Against Medical Advice) and absconding is minimized.

6.2.2 *Operation Theatre*

The patients are operated upon and cared for in the operation theatre by a team of surgeons, anaesthetists, nurses and other staff. The basic consideration in the operation theatre should be to ensure a high degree of aseptic conditions to provide appropriate environment for staff and patients by complying to the following requirements :

a) Basic facilities,

b) Operation procedure,

c) Precautionary measures, and

d) Patients flow.

6.2.2.1 *Basic facilities*

The operation theatre should be dust and moisture proof with rounded corners at junctions of walls, floor and ceiling to prevent accumulation of dust and to facilitate cleaning; natural lighting and ventilation; adequate illumination and running water; provision for scrub-up and instruments sterilizing room adjacent to the operating room and separate entry for sterile and non-sterile goods, staff, patients, etc, shall be essentially provided.

6.2.2.2 *Operation procedure*

The basic procedures which encircle the act of surgery are reception and identification of patient, pre-operative supervision of patient, depilation of patient, transfer of patient to operation table, administration of anaesthesia, intubation, positioning, preparation of the operative area and surrounding skin, draping of patient, the act of surgery that is operation which may involve blood transfusion, parental fluid administration and X-ray examination, wound sewn up and dressed, drapes removed and bagged, extubation, transfer of patient from operation table to trolley and to post anaesthetic recovery area and post operative supervision of patient. Proper documentation should also be maintained with respect to anaesthetist's notes, operative steps and procedure; and post operative treatment. All these operation records may be maintained as per the proforma recommended in Annex H.

6.2.2.3 *Precautionary measures*

Operating team before entering the operation theatre should strictly follow the precautionary measures, such as, washing and scrubbing-up their hands and arms, putting on sterile gowns, gloves and other covers, etc. Various instruments used in the operation theatre shall be appropriately sterilized. Theatre refuse, such as, dirty linen, used instruments, and other disposable/non-disposable stuff which is the main source of infection, shall be immediately removed to the dirty utility room after each operation.

6.2.2.4 *Patient flow*

The movement of the patient inside the operation theatre should be carried out under the utmost aseptic conditions so that there are minimum incidents of post-operative infection.

Adequate arrangements shall be provided for the post-operative recovery of the patient and after the recovery, the patient should be transferred to the ward under the supervision of a nurse.

6.2.3 *Labour Room*

Labour room is meant for the delivery of the child. As soon as the patient (child bearing woman) reaches the labour room either from wards or directly (planned or unplanned), she should be received by the nurse on duty. The necessary documents of the patient should be checked by the nurse. The patient should then be assigned a labour table for necessary examination to verify the stage of the labour. The doctor on duty and the labour room nurse should attend to the patient and take necessary steps for safe and effective conduction of the labour procedure. It should be ensured that the utmost care is taken in order to avoid any complication associated with the labour and also to ressuscitate the neonate (new-born baby). The entire labour procedure must be comprehensively documented including the proper identification and labelling of the new-born.

Mother and child should be transferred to the wards under the supervision of a nurse. They should be discharged only on satisfactory condition of both the mother and the child and necessary immunization given to the child/mother.

Like operation theatre, in labour room also, it is important to ensure a high degree of aseptic condition in order to avoid any sort of infection to the mother or the new-born. For this, various precautionary measures as laid down for operation theatre (*see* **6.2.2**) should be followed for labour room also.

7 PROCEDURE MANUAL

A standard manual may be developed and followed with regard to each area and day-to-day work of the wards nursing services, operation theatre and labour room. This may include staff development, maintenance of equipment and instruments (including sterilization), storage of materials and disposal of waste.

7.1 Personnel Development

The staff (including nursing staff) of wards nursing service, operation theatre and labour room should be fully qualified, well trained and experienced in their respective activities.

To keep an employee abreast of the current state of technology and to keep skills refreshed, there should be an active continuing education programme wherever indicated.

7.2 Maintenance of Equipment and Materials Management

7.2.1 *Maintenance of Equipment*

A separate history sheet should be maintained for each equipment giving details of name of equipment, date of purchase, cost of equipment, source or supplier, life of equipment, maintenance schedule (including calibration, if required), breakdowns, repairs and cost of repairs, etc. The equipment may be recommended for condemnation if it breaks down repeatedly incurring heavy expenditure and becomes beyond economical repair or obsolete model. It should be ensured before each operation that all the instruments and equipment used in the operation theatre and labour room are in working condition to avoid any failure during the operation or the labour procedure. Efforts should be made to keep a good liaison with larger hospitals and other technical people for maintenance of equipment as and when required. The instruments used should be thoroughly sterilized before use.

7.2.2 *Storage and Handling of Materials*

Laid down procedures regarding procurement, storage and disposal of material (drug or non-drug), should be strictly adhered to and records should be maintained indicating their consumption, expiry date, required level of inventory and present position of stock.

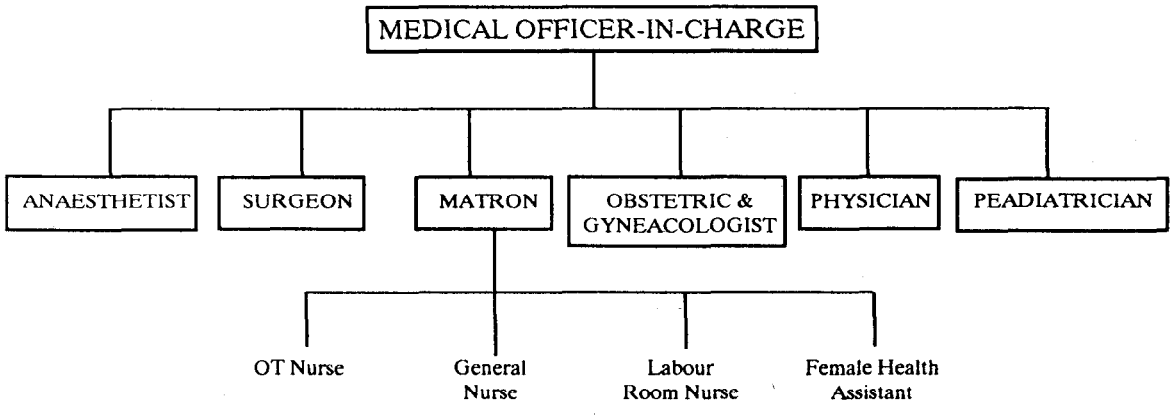
8 PERFORMANCE EVALUATION

A suitable mechanism should be available with requisite infrastructural facilities for evaluating the performance of ward, nursing service and operation theatre/labour room. For example, a fixed number of cases in a month at random should be evaluated by review of patients records and review of death cases by the concerned doctors. The feedback arising out of such evaluation should be recorded and made use of in improving the quality related activities of wards, nursing services, operation theatre/labour room in future. Areas to be evaluated here is patient satisfaction.

ANNEX A

(*Clause* 5.1)

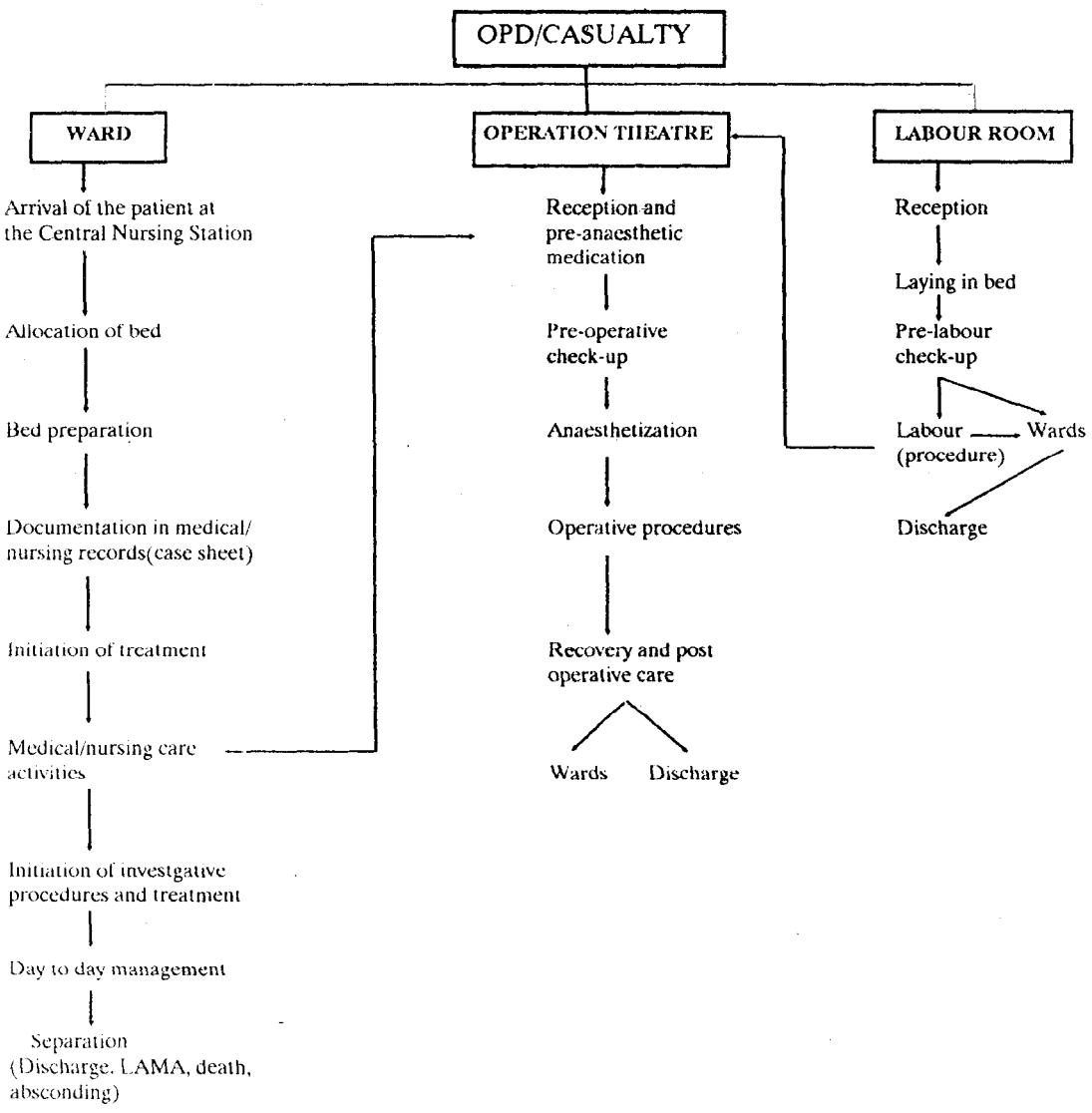
ORGANIZATION STRUCTURE FOR WARDS, NURSING SERVICE, OPERATION THEATRE AND LABOUR ROOM



ANNEX B

(*Clause* 6.2)

FLOW OF ACTIVITIES IN WARD, OPERATION THEATRE AND LABOUR ROOM



ANNEX C

(*Clause* 6.2.1)

ADMISSION AND DISCHARGE RECORD

Medical Record No ..... Ward ..... Unit ..... Bed No. .....

Name ..... Age & Sex .....

Father's/Husband's Name ..... Religion : .....

Occupation ..... Income : .....

Address ..... Tel. No. (Res) : .....

..... (Off) : .....

Date of Admission and Time .....

Date and Time of Discharge ..... : ..... Hospital Days .....

PROVISIONAL DIAGNOSIS .....

FINAL DIAGNOSIS .....

SECONDARY DIAGNOSIS
OR COMPLICATION .....

OPERATIVE PROCEDURE .....

RESULT — Discharged with Medical Advice

— Left Against Medical Advice (LAMA)

— Absconded

— Died

CAUSE OF DEATH Direct Cause .....

Antecedent Cause .....

Other Significant Conditions .....

Signature of the Doctor-in-charge .....

ANNEX D

(*Clause* 6.2.1)

IN-PATIENT HISTORY

Medical Record No. ..... Ward ..... Unit ..... Bed No .....

Name of Patient ..... Age ..... Sex .....

Religion ..... Occupation .....

PRESENT COMPLAINT

HISTORY OF ILLNESS

PAST HISTORY

— Operation

— Injuries

— Allergies

FAMILY HISTORY

MARITAL HISTORY

FAMILY WELFARE HISTORY

No. of children

Male: Age:

Female: Age:

INVENTORY BY SYSTEM

NERVOUS

CARDIO-RESPIRATORY

GASTRO-INTESTINAL

GENITO URINARY

ANNEX E

(*Clause* 6.2.1)

DOCTOR'S ORDERS AND PROGRESS RECORD

Medical Record No. ..... Ward ..... Unit ..... Bed No .....

Name of Patient ..... Age ..... Sex .....

Religion ..... Occupation .....

ORDERS (Initial all entries)	
Date	Medicines, injections and other treatment, investigations

PROGRESS RECORD (Initial all entries)	
Date	Note progress of case, complications, changes of diagnosis, condition on discharge and instructions to the patient

ANNEX F

(*Clause* 6.2.1)

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

Permission is hereby given for the performance of any diagnostic examination, biopsy, transfusion or operation and for the administration of any anaesthetic, as may be deemed advisable in the course of this hospital admission. The risks of surgery and anaesthesia have been explained to me as well as expected results of surgery.

.....
Signature of Patient/Relative

Relationship .....

Witness .....

Name of Patient/Relative .....
(IN BLOCK LETTERS)

Date .....

RELEASE FORM RESPONSIBILITY FOR DISCHARGE

I am leaving/taking away the patient from the hospital against the advice of the attending physician. I acknowledge that I have been informed of the risk involved and hereby release the attending physician and the hospital from all responsibilities for any ill effect which may result from such discharge.

.....
Signature of Patient/Relative

Relationship .....

Witness .....

Name of Patient/Relative .....
(IN BLOCK LETTERS)

Date .....

ANNEX G

(*Clause* 6.2.1)

DISCHARGE SLIP

Medical Record No..... Ward..... Unit..... Bed No.....

Name of Patient..... Age..... Sex .....

Religion ..... Occupation .....

Date and Time of Admission..... Date and Time of Discharge .....

1. BRIEF HISTORY

2. ESSENTIAL PHYSICAL FINDINGS

3. SIGNIFICANT FINDINGS

   a) Laboratory

   b) X-ray

   c) Consultation findings

   d) Other findings

4. CONDITION, TREATMENT, FINAL DISPOSITION ON DISCHARGE & PROGNOSIS

5. FINAL DIAGNOSIS

6. RESULT

7. ADVICE

Signature of Doctor-in-charge..... Date.....

ANNEX H

(*Clause* 6.2.2.2)

OPERATION RECORD

Medical Record No..... Ward..... Unit..... Bed No.....

Name of Patient..... Age..... Sex .....

Religion ..... Occupation .....

Name of the nurse who prepared ..... the patient in the ward

Name of the surgeon who prepared ..... the patient in the operation theatre

Pre-operative diagnosis .....

Post-operative diagnosis .....

Operative procedure proposed .....

Operative procedure executed .....

Surgeon..... Assistant 1 :..... Assistant 2 : .....

Anaesthetist..... Anaesthetic..... Nurse.....

PART PREPARATION

Findings

Records

Condition of all organs examined

OPERATIVE PROCEDURE

Include

Incision

Ligature

Sutures

Specimen removed

Drainage

Sponge

Count

Closure

Blood loss

Operating time

Reporter to sign in full at the end of the report.

ANNEX J
(Foreword)

COMMITTEE COMPOSITION

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DR V. H. TALIB	Safdarjung Hospital, New Delhi
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Panel for Management Procedures for Diagnostic Services, Wards, Nursing Services and Operation Theatre (MSD 8/P-2)

Convener	*Representing*
DR S. K. CHAUDHURI	Lok Nayak Jai Prakash Narain Hospital, New Delhi
Members	
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Review of Indian Standards

Amendments are issued to standards as the need arises on the basis of comments. Standards are also reviewed periodically; a standard along with amendments is reaffirmed when such review indicates that no changes are needed; if the review indicates that changes are needed, it is taken up for revision. Users of Indian Standards should ascertain that they are in possession of the latest amendments or edition. by referring to the latest issue of 'BIS Handbook' and 'Standards Monthly Additions'.

This Indian Standard has been developed from Doc: No. MSD 8 (74).

Amendments Issued Since Publication

Amend No.	Date of Issue	Text Affected

BUREAU OF INDIAN STANDARDS

Headquarters:

Manak Bhavan, 9 Bahadur Shah Zafar Marg, New Delhi 110002
Telephones : 331 01 31, 331 13 75

Telegram : Manaksanstha
(Common to all offices)

Regional Offices :

		Telephone
Central :	Manak Bhavan, 9 Bahadur Shah Zafar Marg NEW DELHI 110002	331 01 31 331 13 75
Eastern :	1/14 C. I. T. Scheme VII M, V. I. P. Road, Maniktola CALCUTTA 700054	37 84 99, 37 85 61 37 86 26, 37 86 62
Northern :	SCO 445-446, Sector 35-C, CHANDIGARH 160036	53 38 43, 53 16 40 53 23 84
Southern :	C. I. T. Campus, IV Cross Road, MADRAS 600113	235 02 16, 235 04 42 235 15 19, 235 23 15
Western :	Manakalaya, E9 MIDC, Marol, Andheri (East) BOMBAY 400093	632 92 95, 632 78 58 632 78 91, 632 78 92

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Printed at Simco Printing Press, Delhi