

ONSITE FEEDBACK FORM

National Assessment and Accreditation Council (NAAC) is committed to improving the eminence of qualitative assessment of institutions by the onsite visit during COVID pandemic situation. NAAC would appreciate your feedback regarding the measures taken in the institution to combat COVID-19 infection or spreading during the onsite visit, among the faculties, students and Peer Team Members. To prevent infection and to make onsite visits safer and more secure NAAC request's you to provide your valuable feedback in the prescribed format and send it to NAAC Coordinator after the onsite visit.

Name of the Assessor:

Address and Contact No.:

Name of the HEI visited:

AISHE code:

PTV Dates:

Mode of Travel to HEI place:

Sl. No.	Questionnaires	Yes	No
1.	Has the institution ensured the COVID negative reports of all faculties, students, supporting staff and the people involved in PTV before 48 Hours from the date of PTV?		
2.	Has the institution made separate entry and exit points?		
3.	Has the institution made adequate arrangements of the following: (available at all entry and exit points, including the reception area.) <ul style="list-style-type: none">• Thermal Scanners• Oxymeters• Alcohol based Sanitizers• Face Masks• Face Shields• Gloves• Hand Wash Stations		
4.	Adequate hygienic arrangements for safe Hot drinking water, refreshments and food were arranged in the campus for Peer Team Members.		
5.	During the peer team visit all the stakeholders in the HEI campus were compulsorily wearing face Masks/Shields/Gloves/maintaining social distancing		
6.	Institution had ensured appropriate clean and hygienic conditions including sanitization, fumigation, disinfection process and other		

	<p>procedures using 1% sodium hypochlorite solution/spray at all the places such as whole campus, including administrative, academic buildings, classrooms, laboratories, computer labs, hostels, canteen, hostel kitchens, mess, washrooms, libraries, common rooms, toilets, water stations, furniture, learning material, teaching aids, sports equipment, computers, college buses, other transportation means</p> <p>If No, please specify the reasons.</p>		
7.	During the presentations and interactions, the person presenting or interacting with the Peer team were compulsorily wearing the COVID mask/face covers during the interaction and social distance was maintained.		
8.	HEI has ensured minimum participants not exceeding 50-60 personnel at any point of time during the PTV.		
9.	Institution has prominently displayed Posters/Standees/AV media/Proper signage's, symbols, on preventive measures about COVID-19 at appropriate places to remind the students and staff for maintaining physical distancing. The details of COVID-19 cell established by the institution are prominently displayed containing the emergency number, helpline number, email id and contact details of persons in case of any emergency in the institution.		
10.	Institution has ensured the norms of physical distancing, sanitization and hygienic conditions for use of common facilities, viz., Auditorium, Conference/ Seminar halls, Sports, Gymnasium, Canteen, Parking Area etc.		
11.	During the travel through flight/Train/Bus/Taxi etc.. proper measures were taken to fight COVID infection		
12.	During the PTV, Quarantine free hotels with good hygiene and cleanliness were provided		
13.	Proper disposal of face covers/masks/gloves leftover by visitors and/or employees is ensured in the institution premises.		
14.	Institution has made spitting strictly prohibited in the campus		
15.	Whether the Institution has abided by all the rules and regulations with regard to COVID-19 framed by Central/State Government/UGC/NAAC.		

16.	The HEI has not involved any faculty, students, employees and anyone who were affected by corona and also not involved personnel who were asymptomatic and not in good health.		
17.	Has the institution facilitated work from home wherever feasible for employees who were at higher risk i.e. older employees, pregnant women employees and employees who were undergoing medical conditions		
18.	Whether medical arrangements were made by HEI in case of any medical emergency to handle the symptoms such as fever, cough difficulty in breathing etc.,		
19.	Suggestions to improve the PTV in view of COVID-19:		

Signature of the Assessor with date

Visited Institution as: Chairman/ Member Coordinator/ Member