

Rural Clinic Off-Grid Power Needs Assessment Form

Clinic Information

Clinic Name

Location (Village/Town, District, Country)

Contact Person

Contact Number

Facility Details

Number of Patients per Day

Number of Staff

Operating Hours (per day)

Current Power Situation

Current Source(s) of Power

Average Hours of Power Available per Day

Describe Power Challenges

Critical Equipment & Appliances

List all essential medical equipment (type, quantity, power rating if known)

Refrigeration (e.g. for vaccines?)

Lighting Requirements (number of rooms, use at night)

Other Key Loads (communication, computers, sterilizers, etc.)

Preferred Power Solution

Has the clinic used or considered solar or other off-grid solutions?

Any requirements for backup or hybrid systems?

Additional Notes

Please add any other relevant information