Quality Assurance Monitoring Report

CONTRACT NUMBER:
SERVICE or STANDARD:

SURVEY PERIOD:

SURVEILLANCE METHOD (Check the applicable item**):**

❒ Random Sampling ❒ 100% Inspection ❒ Periodic Inspection ❒ Customer Complaint

LEVEL OF SURVEILLANCE (Check the applicable item**):**

☐ Monthly ☐ Quarterly ☐ As needed

PERCENTAGE OF ITEMS SAMPLED DURING SURVEY PERIOD: _____ %

ANALYSIS OF RESULTS:

Observed Service Provider Performance Measurement Rate: _____%

Service Provider's Performance (Check the applicable item**):**

❒ Meets Standards

❒ Does Not Meet Standards

Narrative of Performance During Survey Period

Prepared By: Date: