

**ATTACHMENT 2: QUALITY
ASSURANCE MONITORING FORM**

SERVICE or STANDARD: _____

SURVEY PERIOD: _____

SURVEILLANCE METHOD (Check):

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

LEVEL OF SURVEILLANCE (Check):

☐ 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):**

☐ Meets Standards

☐ Does Not Meet Standards

Narrative of Performance During Survey Period:

PREPARED BY: _____ **DATE:** _____