

**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:** \_\_\_\_\_