

## INSPECTION REPORT QUALITY ASSURANCE (QA) CHECKLIST

License Number:		
License type:		
Inspector:		
Inspections Date(s):		
Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Reactive <input type="checkbox"/> Special <input type="checkbox"/> Reduced		
Inspection Area	Evaluation	Comments
Inspection report issued within 30 days	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Department Form 591M issued	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A	
Report Details	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Observations and Findings	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Conclusions	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Documenting Noncompliance	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A	

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Report Review and Concurrence	List all items reviewed (note any non-concurrences)
Inspector:	Signature:
Secondary Reviewer	Signature: