

**FACILITY SITE REVIEW – PRE-AUDIT SURVEY**

<b>Facility Name</b>		<b>DHCS ID</b>	
<b>Address</b>		<b>Site NPI</b>	

**1. Key Contacts and Emails**

Role	Name, Title	Email
Office Manager		
Medical Director		
Admin Lead		

**2. Please confirm providers and FTEs (See attached)**

Name	Title	FTE

**3. Please indicate the number of staff.**

Physician                      NP                                      CNM                                      PA                                      RN  
 LVN                                      MA                                      Clerical                                      Other

**4. Select all site-specific certifications**

AAAHC       CHDP       CPSP       FQHC       NCQA       TJC       VFC  
 Other

**5. Select all patient types seen by your practice.**

Adult                       Pediatrics                       California Children Services (CCS)                       Obstetric

**6. What provider types staff your practice?**

Family Practice     General Med     Internal Med     Pediatrics     Specialist     Mid-Level

**7. Select all that apply to your practice.**

No vaccines/immunizations                       No refrigerator/freezer                       No radiology services  
 No controlled substances                       No pharmacy                       No contaminated laundry  
 No sample drugs dispensed                       No laboratory tests requiring CLIA  
 No cold chemical sterilization                       No autoclave/steam sterilization

**8. Name of disinfectant product or solution used for decontamination of equipment or work surfaces:**

**9. Name of EMR/EHR system (leave blank if paper records only):**

**10. Date of last fire clearance (inspection date on extinguisher):**

**11. Has there been any physical changes to the clinic or building (remodel, major construction) since the last review?**

Yes     No     New clinic site