

<b>AUDIT DATE</b> (dd/mm/yyyy) (Specify the last audit date if audit >1 day)					
<b>FACILITY</b> (Dept./ Hosp./ Institution/ JKN/ Division/ Program)					
<b>TYPE OF AUDIT:</b> (Please <input checked="" type="checkbox"/> the option)	<input type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL				
<b>KPI:</b> (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PPTPA: Name        : <span style="margin-left: 150px;">Designation :</span>					
<b>PERIOD OF PERFORMANCE:</b> (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> JAN – MAR <input type="checkbox"/> APR – JUN <input type="checkbox"/> JUL – SEPT <input type="checkbox"/> OCT– DEC <input type="checkbox"/> JAN – JUN <input type="checkbox"/> JUL – DEC <input type="checkbox"/> JAN – DEC <input type="checkbox"/> OTHERS: Please specify:	<b>YEAR:</b> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

*NOTE: This form needs to be filled by the Lead Auditor AFTER the audit activities have been completed. Performance Audit Report (PAR) is a summary of the audit activities that were carried out.*

**SUMMARY OF THE AUDIT RESULTS**

KPI (Key Performance Indicator)	Number of Applicable/ Available Indicators	Number of Audited Indicators	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED		
			Full Conformance	Partial Conformance	Non-Conformance
PPTPA					
OTHERS					
<b>TOTAL</b>					

HPIA (Hospital Performance Indicator for Accountability)	Number of Applicable/ Available Indicators	Number of Audited Indicators	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED		
			Full Conformance	Partial Conformance	Non-Conformance
Internal Business Process					
Customer Focus					
Employee Satisfaction					
Learning & Growth					
Financial & Office Management					
Environmental Support					
<b>TOTAL</b>					

CLINICAL SERVICES	Number of Applicable/ Available Indicators for Clinical Services	Number of Audited Indicators	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED		
			Full Conformance	Partial Conformance	Non- Conformance
Clinical Services					
<b>TOTAL</b>					

**OTHER FINDINGS:**

<b>General Requirements of the Audit Activities</b> (Please tick <input checked="" type="checkbox"/> on the option)- to be filled by Lead Auditor	<b>Pre-Audit Meeting</b> was chaired by the top management of the facility <input type="checkbox"/> Yes <input type="checkbox"/> No		There are <b>liaison officers</b> appointed for the audited KPIs during the audit day <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Excellent (ALL YES)</b> <input type="checkbox"/>
	<b>ALL auditee(s)</b> of the audited KPI were <b>present on time at the site</b> during the audit activities (Auditee is not necessarily the person in-charge of the KPI) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>ALL Unit/ Departments</b> representatives are present during the <b>pre-audit and post audit/ exit conference.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Satisfactory (SOME YES)</b> <input type="checkbox"/>
	<b>Post-Audit/ Exit Meeting</b> was chaired by the top management of the facility <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Poor (ALL NO)</b> <input type="checkbox"/>

**LEAD AUDITOR COMMENT(S) & ACKNOWLEDGEMENT**

**Comment(s):** \*Please add attachments if more space is required.

  
  
  

**Lead Auditor**

(Name/ Signature/ Designation/ Stamp)  
 Date: \_\_\_\_\_ \*Kindly attach the name list of all auditors

**HEAD OF FACILITY COMMENT(S) & ACKNOWLEDGEMENT**

**Comment(s):**

  
  
  

**Head of Facility**

(Name/ Signature/ Designation/ Stamp)  
 Date: \_\_\_\_\_