

*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.*

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					
TOTAL					

1

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 <b>were 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</b> conference.	<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: