AUDIT DATE (dd/mm/yyyy)					
FACILITY					
KPI: (Please ☑ the option) □ CliSQI □ HPIA □ OTHERS: □ PPTPA: Name : □ Designation :					
PERIOD OF PERFORMANCE: (Please ☑ the option) □ JAN – JUN □ JAN – DEC □ OTHERS: Please specify: YEAR:					
INDICATOR					
NOTE: This form is to be filled by the auditor during the audit activity. Performance that has been stated in the respected Performance Verification Form (PVF) and any other related written/ document should be audited. Specific clinical processes are NOT part of this performance audit activity.					
	Indicator and the techi Auditee able to show an criteria, standards, etc.)	nical specification: d explain the technical specification (definition of terms,	□ Yes (3) □ No (0)		
A. Understandin of the auditee		Data collection process: Auditee able to explain on data collection and calculation.			
	SIQ: Auditee able to explain i	SIQ: Auditee able to explain necessary actions to be taken if there is any SIQ.			
TOTAL POINTS /5					
B. Filing system	documents).	em (proper filing system to keep the relevant KPI	□ Yes (1) □ No (0) □ Yes (1)		
of the audited indicator		PVFs are being kept for at least 1 year.			
	TOTAL POINTS /2				
	Primary Data and Soor	ondary Data is shown, traceable and SIMILAR to the	□ Yes (3)		
C. Data validity		ND in accordance with the technical specification	□ No (0)		
	Performance Verificati shown (available).	on Form (PVF) produced by CPSU is being used and	□ Yes (1) □ No (0)		
	Final reported data to HQ or JKN is similar to PVF		□ Yes (2) □ No (0)		
	Performance Verification - PVF must have the name, signature, designation and stamp of the accountable person. Date of verification must also be available.		□ Yes (2) □ No (0)		
TOTAL POINTS			/8		

PERFORMANCE AUDIT FORM

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	Person in-charge of the KPI appointed (appointment letter available).	□ Yes (1) □ No (0)
D. Administrative and surveillance activities in the facility	This KPI performance has been discussed and documented.	□ Yes (1) □ No (0)
	There is evidence of previous external/ internal audit activity being conducted within 12 months (copy of PAF).	□ Yes (1) □ No (0) □ N/A (1)
idemity	If SIQ: action has been taken for improvement and able to show evidence.	□ Yes (2) □ No (0) □ N/A (2)
	/5	

AUDIT RESULT:					
GRAND TOTAL	/20				
□ FULL CONFORMANCE (20) □ PARTIAL CONFORMANCE (11-19) □ NON- CONFORMANCE (0-10)					

AUDIT FINDING(S) & ACKNOWLEDGEMENT				
Findings & Auditor's Comments:	Auditor 1			
	(Name/ Signature/ Designation/ Stamp) Auditor 2			
	(Name/ Signature/ Designation/ Stamp)			
	Auditee			
	(Name/ Signature/ Designation/ Stamp)			