

**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 Audited Indicators	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED			Percentage of Full Conformance
		Full Conformance	Partial Conformance	Non-Conformance	
<i>Pengarah Kesihatan Negeri (PKN)</i>					
<i>Timbalan Pengarah Kesihatan Negeri (TPKN)</i>					
HPIA					
ClISQI					
<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>Opening 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>opening and exit meeting.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Satisfactory (SOME YES)</b>	<input type="checkbox"/>
	<b>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: