



**Division of Public Health Services**

*Public Health Preparedness Services  
Bureau of State Laboratory Services*

250 N. 17<sup>th</sup> Avenue  
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JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, INTERIM DIRECTOR

**INSPECTION APPRAISAL FORM**

Laboratory Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 AZ License #: \_\_\_\_\_ Date of On-site: \_\_\_\_\_  
 Lead Inspector: \_\_\_\_\_  
 Other Inspectors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate your assessment of the inspection by checking the appropriate responses.

**5 = Excellent    4 = Good    3 = Acceptable    2 = Marginal    1 = Poor**

<b>1. How would you rate the inspector(s) in:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a. Reviewing the available documents and records?					
b. Interviewing the lab personnel?					
c. Conducting a closing conference?					
d. Overall professionalism of the inspectors?					
<b>2. Comments:</b>					

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_

Please return form to: **Prabha Acharya, Program Manager**  
**Technical Resources and Training**  
**Office of Laboratory Services**  
 250 N. 17<sup>th</sup> Avenue  
 Phoenix, AZ 85007