



Division of Public Health Services

Public Health Preparedness Services

Bureau of State Laboratory Services

250 N. 17th Avenue
 Phoenix, Arizona 85007-3231
 (602) 364-0720
 (602) 364-0759 FAX

JANET NAPOLITANO, GOVERNOR

JANUARY CONTRERAS, ACTING 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

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

Name: _____ Phone: _____

Title: _____

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