



LAC+USC MEDICAL CENTER
AUDIT/SURVEY NOTIFICATION REPORT

**Please provide the requested information about any audit, inspection, investigation, survey, accreditation evaluation, credentialing, record review, etc. conducted by an outside agency, organization, department or program

Today's Date: _____

Name: _____ (Agency/Organization Conducting Event) _____ Agency Contact Telephone Number

Purpose Of Event: _____

Type of Event: [] Audit [] Accreditation Evaluation [] Inspection [] Credentialing Assessment [] Investigation [] Record Review [] Survey [] Other (Specify) _____ Beginning Date: _____ Anticipated Ending Date: _____

Event Scheduled [] Event Unannounced []

Departments / Disciplines Involved: _____

Regulations or Standards Being Used: _____

Additional Comments: _____

[] See Attached [any supplemental information provided, e.g., audit tool(s), brochures, documents]

Name and Title of Staff Sending Notification: _____ Location: _____ Telephone Number: _____

Thank you for notifying Medical Administration about a pending or unannounced audit/inspection/survey. You may be contacted, should additional information be required.

PLEASE FORWARD TO THE OFFICE OF REGULATORY AFFAIRS, IRD 934

The information contained in this document and any attachment is privileged and confidential under State law, including Evidence Code Section 1157 relating to medical professional peer review documents and Government Code Section 6254 relating to personnel records.

ORA USE ONLY: Date Rcvd: _____ Tracking #: _____ Calendar: [] _____ (Initial)