

Quality Control Checks 23-24

Use this document to collect information and report back to the Executive Leadership Team and IPIA Committee.

1. Quality Control Check Title

Enter your answer

2. Reviewer completing this form

Enter your answer

3. Type of QCC

Desk Review

Site Visit

Observation

4. What date were these items due for review (by close of business)?

Please input date (M/d/yyyy)



5. What date was the QCC for this location completed?

Please input date (M/d/yyyy)



6. Location where the QCC is occurring

- Henderson Flagship
- Henderson: Downtown
- Las Vegas: Downtown
- Las Vegas: Northwest
- Las Vegas: Southwest
- Las Vegas: Summerlin
- Las Vegas: Sunrise
- North Las Vegas
- Reno: Meadowwood
- Central Support Office
- Network Review

7. Location/Department Supervisor (first and last name)

Enter your answer

8. Expectations of QCC

Enter your answer

9. What material findings did this QCC reflect?

- This QCC did not reflect any material findings.
- This QCC reflected the following material findings.

Never give out your password. [Report abuse](#)

This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Powered by Microsoft Forms |

The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information.

| [Terms of use](#)