Compliance Schedule Tracking Log

Facility: _____

Survey Date: _____ Facility Score: _____

Follow-up Survey Date: _____ Facility Score: _____

No.	Item # (Points)	Deficiency	Recommendation	*Critical Item	Responsible Person	Correct by date
1						
2						
3						
4						
5						
6						
7						

***Critical Items should be corrected by the follow-up survey date.**

Surveyed by: _____ **Phone number:** _____