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| --- | --- | --- | --- |
| **EC Name** |  | | |
| **Survey Date** |  | **Group** |  |

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| **Survey Trainees** | **SOPs Review**  **(indicate codes)** | **Office**  **Visit**  **(Yes or No)** | **Interview**  **(indicate names)** | **Board Observation (Yes or No)** | | **Protocol**  **Review (indicate codes)** | **Meeting Minutes (indicate dates)** | **Membership Files**  **(indicate how many)** | **SAE**  **Reports (indicate how many)** | **Evaluation**  **by the Group Leader (FERCAP Surveyor)** |
| 1. |  |  |  |  | |  |  |  |  |  |
| 2. |  |  |  |  | |  |  |  |  |  |
| 3. |  |  |  |  | |  |  |  |  |  |
| 4. |  |  |  |  | |  |  |  |  |  |
| 5. |  |  |  |  | |  |  |  |  |  |
| **General Comments by the Group Leader (FERCAP Surveyor)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Name and Signature of the Group Leader (FERCAP Surveyor)** | | | | | **Name and Signature of the FERCAP Survey Coordinator** | | | | | |
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