Quality Assurance Process Observation Checklist

Observer Name

Date

Department/Team

Process Observed

CHECKLIST

#	Observation Point	Yes	No	N/A	Comments
1		☐	☐	☐	
2		☐	☐	☐	
3		☐	☐	☐	
4		☐	☐	☐	
5		☐	☐	☐	

GENERAL COMMENTS

ACTION ITEMS / RECOMMENDATIONS