CONTRACTOR NAME ______________________ QOC CASE ID OR SYSTEMIC CASE ______________________

NAME OF PERSON WHO CONDUCTED ONSITE ______________________ CONTACT NUMBER ______________________

NAME OF PERSON SUBMITTING FORM ______________________ CONTACT NUMBER[1] ______________________

DATE OF HEALTH AND SAFETY ONSITE REVIEW[2]	FACILITY NAME	FACILITY ADDRESS	AHCCCS PROVIDER ID	MEMBER NAME	AHCCCS ID NUMBER	CONCERNS IDENTIFIED DURING HEALTH AND SAFETY REVIEW	ACTION TAKEN (E.G. CAP, MONITORING AND FREQUENCY, MOVE MEMBERS, BED HOLD~~, ETC.~~)	DATE OF MEMBER MOVE

[1] Added contact information fields
[2] Added column for date of health and safety on-site review

OPEN UNTIL 6/14/21

Effective Dates: 07/01/16, 09/20/17, 10/01/20, 10/01/21
Approval Dates: 07/20/17, 08/20/20, 04/29/21