

# UNIT Health Review and Action Plan

Unit #: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Unit Leader \_\_\_\_\_

Phone: \_\_\_\_\_

Unit Commissioner \_\_\_\_\_

Phone: \_\_\_\_\_

Unit Grade (circle one)	GOOD	FAIR	POOR
Quality Unit in 2008?	YES	NO	UNKNOWN
Unit Leader Trained?	YES	NO	UNKNOWN
Following Annual Plan?	YES	NO	UNKNOWN
Following Annual Budget?	YES	NO	UNKNOWN
Participate in FOS?	YES	NO	UNKNOWN
Participate in Popcorn?	YES	NO	UNKNOWN

## AREAS OF CONCERN

(List the top 2 or 3 areas of concern for this unit.)

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACTION PLAN

(List any planned or active efforts to address the areas of concern.)

1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_