

**QUALITY ASSESSMENT PLAN**  
**NORTH WEST PRIMARY CARE**

Calendar for Review				
Calendar for Review			Year	
Month	Item	Initials	Date	Notes
March	Complete items on Monthly Checklist to include compilation/review of QC reports, LJ Graphs, QC logs, and maintenance checklists (Responsible parties: Laboratory staff, laboratory Director and/ or technical consultant)			
	Proficiency Testing, if applicable			Separate Form
	Completion/review of corrective action for incidents or errors during the month			
	Call with consultant/meeting with lab director to review QC/QA			
	Other			

\_\_\_\_\_  
 Lab Director

\_\_\_\_\_  
 Date