|  |  |  |
| --- | --- | --- |
| **COMPLIANCE** | **FREQUENCY** | **DUE DATE** |
| Policy Review | Biennial |  |
| Emergency Plan Review | Biennial |  |
| Administrative Chart Review | Biennial |  |
| Program Evaluation | Biennial |  |
| Equipment Inspection | Annual/according to manufacturer guidelines |  |
| HR Audit and Updates | Annual |  |
| Patient Satisfaction Surveys | Quarterly |  |
| Collaborative Chart Review | Quarterly (or according to policy) |  |
| Logs for Oxygen, Fire extinguisher and AED | Monthly (at least) |  |
| Environmental Rounding | Monthly |  |
| Cleaning  | Daily |  |
| Temperature Logs (2x daily) | Daily |  |
| Control Logs | According to Manufacturer guidelines |  |
| Update organizational chart | As needed |  |
| CLIA | As needed |  |
| Sample/Control Logs | As needed |  |
| Autoclave  | According to Manufacturer guidelines |  |