

Performance Verification Form (PVF) & Performance Audit Report (PAR)

Dibentangkan oleh:

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Cawangan Kualiti Penjagaan Perubatan
Bahagian Perkembangan Perubatan



Performance Verification Form (PVF)



- Borang PVF merupakan **dokumen rasmi** bagi pengesahan pencapaian KPI.
- Perlu dilengkapkan bagi **setiap indikator** yang dipantau.
- Diisi **sekurang-kurangnya setiap 6 bulan**.
- Pengesahan pencapaian perlu dilengkapkan oleh pegawai yang bertanggungjawab.

Performance Verification Form (PVF)



- ▶ Hendaklah dikemukakan kepada Unit/ Jabatan Kualiti sesebuah fasiliti – 7 hari pada bulan pelaporan berikutnya.
- ▶ Sesalinan borang hendaklah disimpan oleh pegawai yang menyelaraskan indikator di peringkat fasiliti masing-masing.

FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)			
KPI: (Please <input type="checkbox"/> the option) <input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PPTPA: Name : _____ Designation : _____			
PERIOD OF PERFORMANCE: (Please <input type="checkbox"/> the option) <input type="checkbox"/> JAN - MAR <input type="checkbox"/> APR - JUN <input type="checkbox"/> JUL - SEPT <input type="checkbox"/> OCT - DEC <input type="checkbox"/> JAN - JUN <input type="checkbox"/> JUL - DEC <input type="checkbox"/> JAN - DEC <input type="checkbox"/> OTHERS: Please specify: _____			YEAR: □ □ □ □
INDICATOR			STANDARD
NUMERATOR		DENOMINATOR	PERFORMANCE ACHIEVED
SIQ <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, SIQ FORM SUBMITTED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress			

NOTE: This form needs to be filled by the Officer in charge of the indicator at the facility.

PERFORMANCE VERIFICATION:

Person in charge of the indicator	Head of Unit/ Department/ Section/ Deputy Director
(Name/ Signature/ Designation/ Stamp) Date: Contact Number:	(Name/ Signature/ Designation/ Stamp) Date:
Hospital Director/ State Director/ Division Director/ Head of Program	
(Name/ Signature/ Designation/ Stamp) Date:	

FOR THE USE OF QUALITY/ KPI UNIT ONLY

PERFORMANCE CONFIRMATION:

- The above performance data is verified by the appropriate officers.
- Others (Please specify:)

Person in charge
(Name/ Signature/ Designation/ Stamp) Date:



PVF Ver. 2022

- ▶ Borang yang sama digunakan bagi semua KPI yang perlu dilaporkan
- ▶ Mempunyai 1 muka surat sahaja

PERFORMANCE VERIFICATION FORM | PVF.CPSU Ver. 2022

FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)			
KPI: (Please <input type="checkbox"/> the option)			
<input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PPTPA: Name : _____ Designation : _____			
PERIOD OF PERFORMANCE: (Please <input type="checkbox"/> the option)			
<input type="checkbox"/> JAN – MAR <input type="checkbox"/> APR – JUN <input type="checkbox"/> JUL – SEPT <input type="checkbox"/> OCT – DEC <input type="checkbox"/> JAN – JUN <input type="checkbox"/> JUL – DEC <input type="checkbox"/> JAN – DEC <input type="checkbox"/> OTHERS: Please specify _____			
INDICATOR			
NUMERATOR		DENOMINATOR	
SIQ <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF Yes, SIQ FORM SUBMITTED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress			

- ▶ Nyatakan nama fasiliti bagi indikator yang dilaporkan

Cth: Pembedahan Am, HKL, IKN, JKN Melaka, Bahagian Kejururawatan, Program Kesihatan Awam

- ▶ Tandakan pada jenis KPI

Cth: Indikator PPH - tanda kepada ketiga-tiga kotak dan pada PPTPA nyatakan nama dan jawatan pengarah hospital

NOTE: This form needs to be filled by the Officer in charge of the indicator at the facility.

PERFORMANCE VERIFICATION FORM

PVF.CPSU Ver. 2022

FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)	
KPI: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PPTPA: Name : Designation :	
PERIOD OF PERFORMANCE: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> JAN - MAR <input type="checkbox"/> APR - JUN <input type="checkbox"/> JUL - SEPT <input type="checkbox"/> OCT - DEC <input type="checkbox"/> JAN - JUN <input type="checkbox"/> JUL - DEC <input type="checkbox"/> JAN - DEC <input type="checkbox"/> OTHERS: Please specify:	
YEAR: [][][]	
INDICATOR	STANDARD
NUMERATOR	DENOMINATOR
PERFORMANCE ACHIEVED	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIQ	<input type="checkbox"/> Yes <input type="checkbox"/> No

▶ Nyatakan indikator yang dilaporkan

▶ Nyatakan sasaran

▶ Nyatakan pencapaian

▶ Nyatakan numerator

▶ Nyatakan denominator

PERFORMANCE VERIFICATION FORM

PVF.CPSU Ver. 2022

FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)			
KPI: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PPTPA: Name : _____ Designation : _____			
PERIOD OF PERFORMANCE: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> JAN – MAR <input type="checkbox"/> APR – JUN <input type="checkbox"/> JUL – SEPT <input type="checkbox"/> OCT– DEC <input type="checkbox"/> JAN – JUN <input type="checkbox"/> JUL – DEC <input type="checkbox"/> JAN – DEC <input type="checkbox"/> OTHERS: Please specify _____			YEAR:
INDICATOR			
NUMERATOR		DENOMINATOR	
SIQ	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IF Yes, SIQ FORM SUBMITTED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress		

NOTE: This form needs to be filled by the Officer in charge of the indicator at the facility.

- ▶ Tandakan YES sekiranya terdapat SIQ bagi pencapaian indikator
- ▶ Tandakan status borang SIQ semasa (YES- telah dihantar, NO- belum dihantar, IN PROGRESS- masih dalam proses penyediaan)

PERFORMANCE VERIFICATION FORM | PVF.CPSU Ver. 2022

FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)			
KPI: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PTPA: Name : Designation :			
PERIOD OF PERFORMANCE: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> JAN – MAR <input type="checkbox"/> APR – JUN <input type="checkbox"/> JUL – SEPT <input type="checkbox"/> OCT – DEC <input type="checkbox"/> JAN – JUN <input type="checkbox"/> JUL – DEC <input type="checkbox"/> JAN – DEC <input type="checkbox"/> OTHERS: Please specify:			YEAR: <div style="border: 1px solid black; padding: 2px;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>
INDICATOR			STANDARD
NUMERATOR		DENOMINATOR	
PERFORMANCE ACHIEVED			
SIQ <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, SIQ FORM SUBMITTED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress			

NOTE: This form needs to be filed by the Officer in charge of the indicator at the facility.



- ▶ Kesemua ruangan di atas hendaklah diisi oleh Officer in Charge bagi indikator di fasiliti masing-masing

PERFORMANCE VERIFICATION:

Person in charge of the indicator

Head of Unit/ Department/ Section/ Deputy Director

(Name/ Signature/ Designation/ Stamp)

Date:

Contact Number:

(Name/ Signature/ Designation/ Stamp)

Date:

Hospital Director/ State Director/ Division Director/ Head of Program

(Name/ Signature/ Designation/ Stamp)

Date:

FOR THE USE OF QUALITY/ KPI UNIT ONLY

PERFORMANCE CONFIRMATION:

The above performance data is verified by the appropriate officers.

Others (Please specify:)

Person in charge

(Name/ Signature/ Designation/ Stamp)

Date:

- ▶ Performance Verification oleh pegawai yang bertanggungjawab

- ▶ Tandatangan, nama, jawatan, dan cop pegawai bertanggungjawab perlu dilengkapkan
- ▶ Tarikh serta nombor telefon (bagi Officer in charge sahaja) hendaklah dinyatakan bagi memudahkan untuk dihubungi sekiranya terdapat pertanyaan

PERFORMANCE VERIFICATION:

Person in charge of the indicator (Name/ Signature/ Designation/ Stamp) Date: Contact Number:	Head of Unit/ Department/ Section/ Deputy Director (Name/ Signature/ Designation/ Stamp) Date:
Hospital Director/ State Director/ Division Director/ Head of Program (Name/ Signature/ Designation/ Stamp) Date:	

FOR THE USE OF QUALITY/ KPI UNIT ONLY

PERFORMANCE CONFIRMATION:

- The above performance data is verified by the appropriate officers.
- Others (Please specify: _____)

Person in charge (Name/ Signature/ Designation/ Stamp) Date:

- ▶ Performance Confirmation oleh pegawai di Unit Kualiti/ Unit KPI di peringkat fasiliti masing-masing
- ▶ Nyatakan sekiranya verifikasi dilakukan oleh pegawai selain daripada yang disenaraikan

- ▶ Tandatangan, nama, jawatan, dan cop pegawai bertanggungjawab perlu dilengkapkan
- ▶ Tarikh ruangan dilengkapkan

||

PVF is the key document that summarise the performance of an indicator. It is an evidence that data has been reviewed and verified by the accountable persons.



Performance Audit Report

Lets Begin!



Performance Audit Report (PAR)

- ▶ Borang PAR merupakan dokumen rasmi bagi membentangkan **hasil penemuan audit**.
- ▶ Borang PAR bagi peringkat **hospital** perlu dihantar kepada PQN – **14 hari** selepas audit selesai.
- ▶ Borang PAR bagi peringkat **JKN** perlu dihantar kepada CPSU – **30 hari** selepas audit selesai.



AUDIT DATE (dd/mm/yyyy) (Specify the last audit date if audit >1 day)	
FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)	

TYPE OF AUDIT: (Please the option)

KPI: (Please the option)

CLINICAL SERVICE HPIA PPI

PERIOD OF PERFORMANCE: (Please)

JAN – MAR APR – JUN JUL

JAN – JUN JUL – DEC JAN

NOTE: This form needs to be filled by the Lead A Report (PAR) is a summary of the audit activities

SUMMARY OF THE AUDIT RESULTS

KPI (Key Performance Indicator)	Number of Applica Available Indicato
PPTPA	
OTHERS	
TOTAL	

HPIA (Hospital Performance Indicator for Accountability)	Number of Applica Available Indicato
Internal Business Process	
Customer Focus	
Employee Satisfaction	
Learning & Growth	
Financial & Office Management	
Environmental Support	
TOTAL	

CLINICAL SERVICES	Number of Applicable/ Available Indicators for Clinical Services	Number of Audited Indicators	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED		
			Full Conformance	Partial Conformance	Non-Conformance
Clinical Services					
TOTAL					

OTHER FINDINGS:

General Requirements of the Audit Activities (Please tick <input checked="" type="checkbox"/> on the option) to be filled by Lead Auditor	Pre-Audit Meeting was chaired by the top management of the facility <input type="checkbox"/> Yes <input type="checkbox"/> No	There are liaison officers appointed for the audited KPIs during the audit day <input type="checkbox"/> Yes <input type="checkbox"/> No	ALL auditee(s) of the audited KPI were present on time at the site during the audit activities (Auditee is not necessarily the person in-charge of the KPI) <input type="checkbox"/> Yes <input type="checkbox"/> No	ALL Unit/ Departments representatives are present during the pre-audit and post audit/ exit conference. <input type="checkbox"/> Yes <input type="checkbox"/> No	Excellent (ALL YES)	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
					Excellent (ALL YES)	<input type="checkbox"/>
					Satisfactory (SOME YES)	<input type="checkbox"/>
					Poor (ALL NO)	<input type="checkbox"/>

LEAD AUDITOR COMMENT(S) & ACKNOWLEDGEMENT

Comment(s): *Please add attachments if more space is required.

Lead Auditor

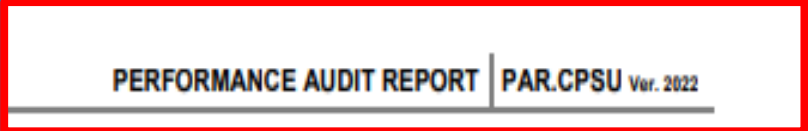
(Name/ Signature/ Designation/ Stamp)
Date: _____ *Kindly attach the name list of all auditors

HEAD OF FACILITY COMMENT(S) & ACKNOWLEDGEMENT

Comment(s):

Head of Facility

(Name/ Signature/ Designation/ Stamp)
Date: _____



PAR Ver.2022

- ▶ Borang yang sama digunakan bagi semua laporan audit (sama ada audit di peringkat hospital atau audit PKN)
- ▶ Mempunyai 2 muka surat sahaja

PERFORMANCE AUDIT REPORT | PAR.CPSU Ver. 2022

AUDIT DATE (dd/mm/yyyy)

(Specify the last audit date if audit >1 day)

FACILITY

(Dept./ Hosp./ Institution/ JKN/ Division/ Program)

TYPE OF AUDIT: (Please the option)

INTERNAL EX

KPI: (Please the option)

CLINICAL SERVICE HPIA PTPA: Name :
Designation :

PERIOD OF PERFORMANCE: (Please the option)

JAN – MAR APR – JUN JUL – SEPT OCT– DEC
 JAN – JUN JUL – DEC JAN – DEC OTHERS: Please

YEAR:

- ▶ Nyatakan tarikh audit dilaksanakan
- ▶ Sekiranya audit dijalankan lebih daripada 1 hari, nyatakan tarikh terakhir audit

Cth: 05/07/2022

- ▶ Nyatakan nama fasiliti bagi indikator yang dilaporkan

Cth: Pembedahan Am, HKL, IKN, JKN Melaka, Bahagian Kejururawatan, Program Kesihatan Awam

NOTE: This form needs to be filled by the Lead Auditor AFTER the audit activities. The Performance Audit Report (PAR) is a summary of the audit activities that were carried out.

PERFORMANCE AUDIT REPORT | PAR.CPSU Ver. 2022

AUDIT DATE (dd/mm/yyyy) (Specify the last audit date if audit >1 day)	
FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)	
TYPE OF AUDIT: (Please <input checked="" type="checkbox"/> the option)	<input type="checkbox"/> INTERNAL <input type="checkbox"/> EX
KPI: (Please <input checked="" type="checkbox"/> the option)	
<input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PPTPA: Name : Designation :	
PERIOD OF PERFORMANCE: (Please <input checked="" type="checkbox"/> the option)	
<input type="checkbox"/> JAN – MAR <input type="checkbox"/> APR – JUN <input type="checkbox"/> JUL – SEPT <input type="checkbox"/> OCT– DEC	
<input type="checkbox"/> JAN – JUN <input type="checkbox"/> JUL – DEC <input type="checkbox"/> JAN – DEC <input type="checkbox"/> OTHERS: Please	

NOTE: This form needs to be filled by the Lead Auditor AFTER the audit activities. The Report (PAR) is a summary of the audit activities that were carried out.

- ▶ Tandakan pada jenis KPI

Cth:

Internal – dijalankan oleh auditor dari fasiliti yang sama

External – dijalankan oleh auditor dari fasiliti yang berbeza

- ▶ Tandakan pada jenis KPI

Cth: Indikator PPH – tanda kepada ketiga-tiga kotak dan pada PPTPA nyatakan nama dan jawatan pengarah hospital

AUDIT DATE (dd/mmm/yyyy) (Specify the last audit date if audit >1 day)	
FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)	
TYPE OF AUDIT: (Please <input checked="" type="checkbox"/> the option)	<input type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL
KPI: (Please <input checked="" type="checkbox"/> the option)	
<input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PTPA: Name : _____ Designation : _____	
PERIOD OF PERFORMANCE: (Please <input checked="" type="checkbox"/> the option)	YEAR:
<input type="checkbox"/> JAN – MAR <input type="checkbox"/> APR – JUN <input type="checkbox"/> JUL – SEPT <input type="checkbox"/> OCT– DEC <input type="checkbox"/> JAN – JUN <input type="checkbox"/> JUL – DEC <input type="checkbox"/> JAN – DEC <input type="checkbox"/> OTHERS: Please specify:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NOTE: This form needs to be filed by the Lead Auditor AFTER the audit activities have been completed. Performance Audit Report (PAR) is a summary of the audit activities that were carried out.

- ▶ Tandakan pada tempoh pencapaian yang dilaporkan

Cth: Others: Jan/ Feb/ Mar

- ▶ Nyatakan tahun semasa

AUDIT DATE (dd/mm/yyyy) (Specify the last audit date if audit >1 day)					
FACILITY (Dept./ Hosp./ Institution/ JKN/ Division/ Program)					
TYPE OF AUDIT: (Please <input checked="" type="checkbox"/> the option)	<input type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL				
KPI: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> CLINICAL SERVICE <input type="checkbox"/> HPIA <input type="checkbox"/> PPTPA: Name : _____ Designation : _____					
PERIOD OF PERFORMANCE: (Please <input checked="" type="checkbox"/> the option) <input type="checkbox"/> JAN – MAR <input type="checkbox"/> APR – JUN <input type="checkbox"/> JUL – SEPT <input type="checkbox"/> OCT– DEC <input type="checkbox"/> JAN – JUN <input type="checkbox"/> JUL – DEC <input type="checkbox"/> JAN – DEC <input type="checkbox"/> OTHERS: Please specify:	YEAR: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				

NOTE: This form needs to be filled by the Lead Auditor AFTER the audit activities have been completed. Performance Audit Report (PAR) is a summary of the audit activities that were carried out.



- ▶ Kesemua ruangan di atas hendaklah diisi oleh Ketua Juruaudit setelah selesai audit.
- ▶ Borang ini adalah ringkasan kepada audit yang dijalankan ke atas indikator yang dipilih.

- ▶ Jumlah indikator yang dipantau pada tahun semasa (rujuk senarai KPI yang diedarkan)

- ▶ Jumlah indikator yang diaudit

- ▶ Jumlah indikator yang mencapai status:
- ▶ A) Full conformance
- ▶ B) Partial conformance
- ▶ C) Non-conformance

SUMMARY OF THE AUDIT RESULTS

KPI (Key Performance Indicator)	Number of Applicable/ Available Indicators	Number of Audited Indicators	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED		
			Full Conformance	Partial Conformance	Non- Conformance
PPTPA	7	5	4	1	
OTHERS					
TOTAL	7	5	4	1	



Rumusan bagi has penemuan audit



- ▶ KPI PPTPA
- ▶ HPIA
- ▶ KPI Clinical Services

SUMMARY OF THE AUDIT RESULTS

KPI (Key Performance Indicator)	Number of Applicable/ Available Indicators	Number of Audited Indicators	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED		
			Full Conformance	Partial Conformance	Non-Conformance
PPTPA					
OTHERS					
TOTAL					

HPIA (Hospital Performance Indicator for Accountability)	Number of Applicable/ Available Indicators	Number of Audited Indicators	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED		
			Full Conformance	Partial Conformance	Non-Conformance
Internal Business Process					
Customer Focus					
Employee Satisfaction					
Learning & Growth					
Financial & Office Management					
Environmental Support					
TOTAL					

CLINICAL SERVICES	Number of Applicable/ Available Indicators for Clinical Services	Number of Audited Indicators	NUMBER OF INDICATORS ACCORDING TO THE STATUS ACHIEVED		
			Full Conformance	Partial Conformance	Non-Conformance
Clinical Services					
TOTAL					

▶ Bahagian ini hendaklah diisi oleh Ketua Juruaudit

- ▶ Pre-Audit/ Post Audit Meeting dipengerusikan oleh pengurusan tertinggi sebuah fasiliti

- ▶ Liaison officer dilantik bagi indikator yang diaudit semasa hari audit

OTHER FINDINGS:

General Requirements of the Audit Activities (Please tick <input type="checkbox"/> on the option)- to be filled by Lead Auditor	Pre-Audit Meeting was chaired by the top management of the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	There are liaison officers appointed for the audited KPIs during the audit day	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excellent (ALL YES)	<input type="checkbox"/>
	ALL auditee(s) of the audited KPI were present on time at the site during the audit activities (Auditee is not necessarily the person in-charge of the KPI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	ALL Unit/ Departments representatives are present during the pre-audit and post audit/ exit conference.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Satisfactory (SOME YES)	<input type="checkbox"/>
	Post-Audit/ Exit Meeting was chaired by the top management of the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No			Poor (ALL NO)	<input type="checkbox"/>

- ▶ Excellent sekiranya semua YES
- ▶ Satisfactory sekiranya sebahagian YES
- ▶ Poor sekiranya semua NO

- ▶ Semua auditee bagi KPI yang diaudit hadir semasa hari audit. (Auditee tidak semestinya Person in charge bagi indikator tersebut)

- ▶ Wakil semua unit/jabatan perlu hadir semasa pre-audit dan post audit Meeting

LEAD AUDITOR COMMENT(S) & ACKNOWLEDGEMENT

Comment(s): *Please add attachments if more space is required.

Lead Auditor

(Name/ Signature/ Designation/ Stamp)

Date:

*Kindly attach the name list of all auditors

HEAD OF FACILITY COMMENT(S) & ACKNOWLEDGEMENT

Comment(s):

Head of Facility

(Name/ Signature/ Designation/ Stamp)

Date:

- ▶ Ruang komen dan pengesahan oleh **Ketua Juruaudit**
- ▶ Pengesahan hendaklah lengkap dengan nama, tandatangan, jawatan, cop pegawai serta tarikh

- ▶ Ruang komen dan pengesahan oleh **Ketua Fasiliti**
- ▶ Pengesahan hendaklah lengkap dengan nama, tandatangan, jawatan, cop pegawai serta tarikh

- ▶ Lampirkan senarai nama semua auditor yang terlibat semasa audit

THANKS!

Any questions?

You can find contact us at:

cpsu.medicaldev@moh.gov.my

