

SURVEY REPORT

# Accreditation Survey — Hospital Standard

*APPROVED TEMPLATE — This document sets the approved structure and content requirements for all ASF accreditation survey reports. In operational use, the survey report is generated automatically by the ASF survey management platform and pre-populated with facility and surveyor details. The completed report is reviewed, finalised, and physically signed by the Lead Surveyor and all Associate Surveyors before submission to the QMS Coordinator. This template is provided for reference and training purposes and to satisfy ISQua EEA transparency requirements.*

|                             |                                                                                                                           |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|
| SURVEY REFERENCE            | [Assigned by ASF office — e.g. ASF-2026-XXX]                                                                              |
| Facility name               |                                                                                                                           |
| Facility address            |                                                                                                                           |
| Country                     |                                                                                                                           |
| Facility type               | Hospital <input type="checkbox"/> Specialist Hospital <input type="checkbox"/> Teaching Hospital <input type="checkbox"/> |
| Standard assessed           | ASF Hospital Accreditation Standard, Edition 2.0 (2025)                                                                   |
| Survey date(s)              |                                                                                                                           |
| Lead Surveyor               |                                                                                                                           |
| Associate Surveyor(s)       |                                                                                                                           |
| Date report completed       |                                                                                                                           |
| QMS Coordinator review date |                                                                                                                           |

## Part B — Opening Meeting

### B.1 Persons Present

List all facility representatives present at the opening meeting.

| Name | Title / Role | Department |
|------|--------------|------------|
|      |              |            |
|      |              |            |
|      |              |            |
|      |              |            |
|      |              |            |

### B.2 Scope Confirmation

Confirm the survey scope as stated on the survey schedule and note any agreed modifications.

### B.3 Logistics and Access

Note any access arrangements, restricted areas, interpretation arrangements, or other logistical matters agreed at the opening meeting.

## Part C — Survey Conduct

### C.1 Survey Methods Used

Tick all methods used and note the volume of evidence reviewed.

- ☐ Document review — number of documents reviewed: \_\_\_\_\_
- ☐ Staff interviews — number of staff interviewed: \_\_\_\_\_
- ☐ Patient/resident interviews — number interviewed: \_\_\_\_\_
- ☐ Medical records sampling — number of records reviewed: \_\_\_\_\_
- ☐ Physical environment observation — areas observed: \_\_\_\_\_
- ☐ Other (describe): \_\_\_\_\_

### C.2 Limitations of the Survey

Note any limitations — areas not accessed, documents not available, staff unavailable for interview, interpreter limitations, etc. If no limitations, state 'None'.

## Part D — Assessment Summary by Domain

For each domain, record the number of nonconformances by tier and the weighted score. A Critical nonconformance is weighted 2×; all other tiers 1×.

| Domain                                             | Critical NC | Essential NC | Significant NC | Developmental NC | Domain score %           |
|----------------------------------------------------|-------------|--------------|----------------|------------------|--------------------------|
| 1. Governance, Leadership and Strategic Management |             |              |                |                  |                          |
| 2. Patient Rights and Ethical Framework            |             |              |                |                  |                          |
| 3. Clinical Care and Patient Safety                |             |              |                |                  |                          |
| 4. Workforce and Human Resources                   |             |              |                |                  |                          |
| 5. Infection Prevention and Control                |             |              |                |                  |                          |
| 6. Information Management and Medical Records      |             |              |                |                  |                          |
| 7. Physical Environment, Facilities and Equipment  |             |              |                |                  |                          |
| 8. Quality Improvement and Organisational Learning |             |              |                |                  |                          |
| <b>TOTAL</b>                                       |             |              |                |                  | <b>OVERALL:</b><br>____% |

*A single Critical nonconformance results in Non-Accreditation regardless of the overall score. Where no Critical NCs are present: Overall score ≥85% = Accreditation; 70–84% = Conditional Accreditation or Recognition Award (ADC discretion); <70% = Non-Accreditation. See ASF-OPS-001 for the full decision framework.*

## Part E — Nonconformance Log

Complete one block per nonconformance. Add additional blocks as needed. Number sequentially: NC-001, NC-002, etc.

|                     |                                                                                                                                                                  |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NC-001</b>       | Classification: <input type="checkbox"/> Critical <input type="checkbox"/> Essential <input type="checkbox"/> Significant <input type="checkbox"/> Developmental |
| Criterion reference |                                                                                                                                                                  |
| Criterion text      |                                                                                                                                                                  |
| Evidence reviewed   |                                                                                                                                                                  |
| Finding             |                                                                                                                                                                  |
| CAP requirement     |                                                                                                                                                                  |
| CAP deadline        |                                                                                                                                                                  |

|                     |                                                                                                                                                                  |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NC-002</b>       | Classification: <input type="checkbox"/> Critical <input type="checkbox"/> Essential <input type="checkbox"/> Significant <input type="checkbox"/> Developmental |
| Criterion reference |                                                                                                                                                                  |
| Criterion text      |                                                                                                                                                                  |
| Evidence reviewed   |                                                                                                                                                                  |
| Finding             |                                                                                                                                                                  |
| CAP requirement     |                                                                                                                                                                  |
| CAP deadline        |                                                                                                                                                                  |

|                     |                                                                                                                                                                  |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>NC-003</b>       | Classification: <input type="checkbox"/> Critical <input type="checkbox"/> Essential <input type="checkbox"/> Significant <input type="checkbox"/> Developmental |
| Criterion reference |                                                                                                                                                                  |
| Criterion text      |                                                                                                                                                                  |
| Evidence reviewed   |                                                                                                                                                                  |
| Finding             |                                                                                                                                                                  |
| CAP requirement     |                                                                                                                                                                  |
| CAP deadline        |                                                                                                                                                                  |

*[Add further NC blocks as required — copy the block above for each additional nonconformance]*

## Part F — Observations and Best Practices

### F.1 Observations (potential weaknesses not yet nonconformances)

*Observations are not required corrective actions but should be addressed by the facility to prevent future nonconformance. List each observation with criterion reference.*

### F.2 Best Practices

Note any examples of practice that significantly exceed requirements and may warrant recognition or sharing.

## Part G — Lead Surveyor Summary Narrative

Provide a structured narrative summary of the survey findings for the ADC. This narrative is the primary basis on which the ADC will make its decision. It should be factual, objective, and directly linked to the evidence reviewed.

### G.1 Overall impression of the facility

### G.2 Key strengths identified

### G.3 Key concerns and systemic issues

### G.4 Lead Surveyor recommendation to ADC

|                          |                                                                                                            |
|--------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Accreditation — overall score ≥85%, no Critical NCs, all Essential NCs addressable through CAP             |
| <input type="checkbox"/> | Conditional Accreditation — overall score 70–84%, no Critical NCs, significant NCs addressable through CAP |
| <input type="checkbox"/> | Recognition Award — overall score 70–84%, specific domain excellence noted                                 |
| <input type="checkbox"/> | Non-Accreditation — Critical NC present, or overall score <70%                                             |

## Part H — Closing Meeting

### H.1 Persons Present

| Name | Title / Role | Department |
|------|--------------|------------|
|      |              |            |
|      |              |            |
|      |              |            |
|      |              |            |

### H.2 Summary of preliminary findings presented

Note: At the closing meeting, the survey team presents preliminary factual findings only — not assessments or a recommendation. Do not disclose the overall score or the surveyor recommendation to the facility.

### H.3 Factual corrections raised by facility

Record any factual corrections raised by the facility (not challenges to assessments). Note how each was handled.

## Part I — Surveyor Declarations

All surveyors who participated in this survey must sign below confirming that the report accurately reflects the evidence reviewed and findings made.

| Surveyor name | Role | Signature and date |
|---------------|------|--------------------|
|               |      |                    |
|               |      |                    |
|               |      |                    |
|               |      |                    |

— END OF SURVEY REPORT TEMPLATE —

ASF-OPS-001 Appendix 1 · Survey Report Template · Version 3.0 · Effective 30 September 2026