|  |  |
| --- | --- |
| Location: | |
| Conducted by: | Date: |

**A.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Checklist item** | **Poor . . . Excellent** | | | | | **Comments/observations** |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |

**B.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Checklist item** | **Poor . . . Excellent** | | | | | **Comments/observations** |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |

**C.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Checklist item** | **Poor . . . Excellent** | | | | | **Comments/observations** |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |
|  | 1 | 2 | 3 | 4 | 5 |  |