

**EBAA Site Inspection
Summary Report Form**

Eye Bank ID: _____
Page 1 of _____

Inspection Information:

Name of Eye Bank: _____

Date(s) of Inspection: _____

Name(s) of Inspector(s): _____

Date and time inspection started: _____ Finished: _____

Names and titles of all eye bank staff members interviewed by the site inspectors:

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

Summary of non-compliant items found during inspection:

Non-compliant items found? Yes No

Number of non-compliant items found: _____

How many of these non-compliant items were: Potential Threats? _____ Significant Observations? _____

How many of these non-compliant items were Repeat citations from last inspection? _____

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Itemization of non-compliant items (list potential threats first):

Itemization of non-compliant items (list potential threats first):	SIQ Item #	Med. Std?	PT/SO/NC	Repeat?	CA/PA?	Compliant?
NC# ____ / _____ _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NC# ____ / _____ _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NC# ____ / _____ _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NC# ____ / _____ _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NC# ____ / _____ _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NC# ____ / _____ _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

After receipt of the eye bank's corrective and preventive action plans, the inspectors recommend the following accreditation category:

Three Year
 One Year
 Denied

Accreditation Board Signatures:

Site Inspector: _____	_____	Date: _____
<i>(print)</i>	<i>(signature)</i>	
Site Inspector: _____	_____	Date: _____
<i>(print)</i>	<i>(signature)</i>	