

INDIVIDUAL OBSERVATION WORKSHEET

Name of Facility		Date
Location/Start	Location/Start	
Time/Start	Time/Finish	
Surveyor	Client Codes	

COLUMN 1 — TIME	COLUMN 2 — OBSERVATION

COLUMN 1 — TIME	COLUMN 2 — OBSERVATION

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0062. The time required to complete this information collection is estimated to average three hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. *****CMS Disclaimer*****Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the ICF/IID mailbox at ICFIID@cms.hhs.gov. Expiration 02/28/2021