



**LIFE SAFETY CODE / EMERGENCY PREPAREDNESS
 INITIAL / RECERTIFICATION / PSR / WALK-THRU
 SURVEY EXIT CONFERENCE**

State Form 55060 (R3 / 7-21)
 Indiana Department of Health - Division of Long Term Care

The Provider Survey Questionnaire will be available when the letter is retrieved from the survey report system.

Date (month, day, year)	Time of entrance	Time of exit	Facility number
Check one: <input type="checkbox"/> Waiver information discussed <input type="checkbox"/> Fire Safety Evaluation System (FSES) discussed		Event identification	
Name of facility			
Address of facility (number and street, city, state, and ZIP code)			
Census			
Concerns: <i>The final report is subject to change due to quality review.</i> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Signature of surveyor		Date (month, day, year)	
Signature of facility representative		Date (month, day, year)	
Printed name of facility representative		Title of facility representative	