



AUDIT REPORT FOR: OPERATORS/USERS ACTIVITY ON CARETRACKER SYSTEM

DOCTOR OFFICE: _____

Name of who Performed Audit: _____

Position Title of Auditor: _____

Date the Audit was Performed: _____

A. AUDIT REPORT DETAILS

Name of Employee / System User: _____

Date/Dates of Operator Report: _____

Questions to be Answered by Auditor:

1) Did the Auditor find "UNUSUAL" Activity on the User?

_____ NO. There is no unusual activity found on the employee/user. *Skip 2), proceed to B.*

_____ YES. Unusual activity is/are found on the user.

If YES, the auditor must fillout **FORM SF-1090 (Operator Log Audit Incident Report Form)**

Note: This form is available to view and print on ArgusLink.

2) Did the Auditor NOTIFY the Security Officer? _____ YES _____ NO

Note: Security Officials & their contact information are available on ArgusLink.

If NO, pls explain. _____

If YES, pls provide details.

Name of Security Official: _____

Date & Time Reported to Official: _____

B. AUDIT ENCLOSURES / ATTACHMENTS

1) This Audit Report (*completely filled out*) .

2) CareTracker Operator Activity Report (*with signatures of Auditor on each page*) .

3) If any incident, add FORM SF-1090 (*must be completely filled out*) .

C. FILE THIS REPORT

Auditor will attach this sheet to the **Operator Activity Report**

and if there is an incident, enclose **FORM SF-1090** (must be completely filled out)

and **SEND TO: ARGUS MEDICAL MANAGEMENT**

ATTENTION: PEACHY PAULINO, Security Official Team Member.

Note: Use a secure and sealed envelope.

REPORTING AUDITOR SIGN OFF: _____

Auditor Signature / Date