



METCOM

Radio/Dispatch Skills Quality Assurance Case Audit

Dispatcher Name:

Date Reviewed:

Incident Date	CFS# & TYPE	Incident Address	Primary Agency

Audit Rating:

U= Unacceptable, N = Needs Improvement, M = Meets or not applicable, E = Exceeds Standards

Mandatory Tasks (Dispatch Phase)

	Reviewed / Located on Recording	Audit Rating	Follow up Needed (Yes or No)
Tone out information according to SOP refer comments below			
Appropriate modifications made to recommendations			
Dispatched call in timely manner			
Transmitted professionally (short, precise, accurate)			

Mandatory Tasks (Post-dispatch Phase/Self -Initiated)

	Reviewed / Located on Recording	Audit Score	Follow up Needed (Yes or No)
Location given / recorded properly			
Pertinent information recorded properly (i.e., officer initiated info, vehicle/person info, unit times, incident upgrade, etc.)			
Supplemental Information transmitted			
Unit Status checks (timeliness, accuracy)			
Unit Times are accurately documented			
Accurate Disposition			
Communications Center Workload at time of call (select from below) A= Light, B= Routine, C=Heavy, D=Storm/Unusual incidents/situation			

Professionalism

	Reviewed / Located on Recording	Audit Score	Follow up Needed (Yes or No)
Was the dispatcher professional and courteous towards the user			

Comments:

Reviewer:	METCOM QA COMMITTEE
Call Taker:	

Date:	
Date:	

Additional comments may be made on the back of the form or attach additional page.