



METCOM

Telephone 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 Questions

	Reviewed / Located on Recording	Audit Rating	Follow up Needed (Yes or No)
Answered phone according to SOP's			
Verbally verified address and City			
Identified Problem or Incident type			
Location phone number			
Call taker followed/asked appropriate questions – followed PAI cards (includes compliance with E/F/P protocols)			

Situational Questions

	Reviewed / Located on Recording	Audit Score	Follow up Needed (Yes or No)
Entered call within appropriate time frame			
Control of caller (score to the right)			
Callers emotional state, select one below: A= Cooperative, B= Uncooperative, C= Hysterical			
Determines in-progress or not			
Obtains appropriate / pertinent supplemental information			

Professionalism

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

Comments:

Reviewer:	METCOM QA COMMITTEE
Call Taker:	

Date:	
Date:	

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