

# Emergency Room Services Evaluation Sample

## Basic Information

Evaluator Name

Date

Facility Name

Location

## Evaluation Criteria

Criteria	Rating (1=Poor, 5=Excellent)	Comments
Waiting Time	<input type="text"/>	<input type="text"/>
Staff Professionalism	<input type="text"/>	<input type="text"/>
Facility Cleanliness	<input type="text"/>	<input type="text"/>
Treatment Quality	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>

## Additional Observations

Comments/Feedback

## Signature

Evaluator Signature

