



## NORTH CAROLINA TRAUMA CENTER SITE VISIT REPORT FORM

Hospital Facility: \_\_\_\_\_

Location: \_\_\_\_\_

Date of visit: \_\_\_\_\_

Name of site team reviewer: \_\_\_\_\_

Designation level (I, II or III): \_\_\_\_\_

- (1) Center's notable strengths:
- (2) Significant deficiencies (i.e., the failure to meet state criteria):
- (3) Weaknesses (i.e., state criteria met at a minimum):
- (4) Specific comments regarding dedication to trauma system concepts (for the areas of continuing education, outreach programs, research and quality assurance):
- (5) Summary of Medical Chart Review Findings:
- (6) Recommendations:
- (7) Other Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: Email a copy of your typed medical chart reviews and this completed form to the primary reviewer within 7 days of the site visit. Mail your signed original of the typed medical chart reviews to Ms. Nadine Pfeiffer at:

Mailing Address

Nadine Pfeiffer  
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Raleigh, NC 27699-2707

Physical Address

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