CONTRACT DATA REQUIREMENTS LIST
(1 Data Item)

Form Approved
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.**

A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY: TDP ____ TM ____ OTHER ____

D. SYSTEM/ITEM	E. CONTRACT/PR NO.	F. CONTRACTOR
	HT940210C0002	HNFS

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
N/A	M040 CQM Monthly Quality Intervention Report	M040_P00006	NSP

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE	18. ESTIMATED TOTAL PRICE
N/A	TOM5, Chapter 7, Section 4	TRO-CLIN OPS	0.00

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
NO	B	MTHLY	See Block 16

8. APP CODE	11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION
N/A	O	See Block 16

16. REMARKS

Block 12: No later than 10 calendar days after the end of the month.
Block: 13: No later than 10 calendar days after the end of the month.

The report shall document all potential and confirmed Quality Issues (QIs). Severity Levels/Sentinel Events will be assigned as identified in the TOM, Chapter 7, Section 4. All Potential Quality Issue (PQI) outcomes shall be reported including the determination of "No QI."

The report shall include the following data fields:

1. Case Number
2. PQI/Grievance
3. Source
4. Prime Service Area
5. Event(s)/Indicator(s)
6. Severity Level/SE/No QI
7. Corrective Action Activity
8. Follow up action
9. Reported to CQM Committee (Y/N)

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Repro
Submit through the			
TMA E-commerce			
Extranet			
15. TOTAL →	0	0	0

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE
TMA-HCO		Laura L. Sells	

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