



1. NAME OF COMPANY	2. ADDRESS (Street, City, State and ZIP Code)
3. NAME AND TITLE OF PRINCIPAL EXECUTIVE (Owner or Manager)	<b>4. BUSINESS HOURS</b>
	A. MONDAY THROUGH FRIDAY AM TO PM
	B. SATURDAY AM TO PM
5. CURRENT CENTRAL OFFICE CONTRACT NUMBERS	6. CURRENT LOCAL CONTRACT NUMBERS

**PART I - DESCRIPTION OF PHYSICAL FACILITIES AND PERSONNEL**

7. DISTANCE FROM LOCAL VA STATION	8. ADEQUATE PARKING FACILITIES <input type="checkbox"/> YES <input type="checkbox"/> NO	9. NEAR BUS OR TROLLEY LINE <input type="checkbox"/> YES <input type="checkbox"/> NO
10. TYPE OF BUILDING (Check two) <input type="checkbox"/> BRICK <input type="checkbox"/> FRAME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS BLDG.	11. CONDITION OF BUILDING (Check two) <input type="checkbox"/> NEW <input type="checkbox"/> OLD <input type="checkbox"/> GOOD <input type="checkbox"/> POOR	
12. SAMPLE FINISHED PRODUCTS AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	13. CONDITION OF SAMPLES <input type="checkbox"/> EXCELLANT <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	14. PRIVATE ROOMS FOR FITTING <input type="checkbox"/> YES <input type="checkbox"/> NO
15. FITTING ROOM ACCESSIBLE TO WHEEL CHAIR PATIENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	16. APPROXIMATE TOTAL FLOOR SPACE OCCUPIED BY FIRM SQ. FT.	17. APPROXIMATE FLOOR SPACE IN WORKSHOP ONLY SQ. FT.
18. GENERAL CONDITION AND APPEARANCE OF SHOP (Check two) <input type="checkbox"/> CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> NEAT <input type="checkbox"/> CLUTTERED		19. ADEQUACY AND CONDITION OF EQUIPMENT (Check two) <input type="checkbox"/> APPEARS ADEQUATE <input type="checkbox"/> INADEQUATE <input type="checkbox"/> GOOD CONDITION <input type="checkbox"/> POOR

**20. PERSONNEL**

**21. FACILITIES FOR TRAINING**

ITEM	NUMBERS	ITEMS	YES	NO
A. JOURNEYMAN TECHNICIANS		A. PARALLEL BARS	<input type="checkbox"/>	<input type="checkbox"/>
B. APPRENTICE TECHNICIANS		B. FULL-LENGTH MIRRORS	<input type="checkbox"/>	<input type="checkbox"/>
C. ALL OTHERS		C. RAMPS	<input type="checkbox"/>	<input type="checkbox"/>
D. TOTAL PERSONNEL (Including Manager)		D. STEPS	<input type="checkbox"/>	<input type="checkbox"/>
E. CERTIFIED PROSTHETISTS OR ORTHOTISTS	( )	E. OTHER		
F. SPECIALLY QUALIFIED PROSTHETISTS:		22. COMMENTS		
(1) STANDARD PTB BELOW KNEE LEGS	( )			
(2) SPECIAL SOCKETS FOR PTB LEGS (Variants)	( )			
(3) TOTAL CONTACT AK SOCKETS	( )			
(4) ALL FLUID CONTROL LEGS	( )			
(5) HYDRA - CADENCE FLUID CONTROL ONLY	( )			
(6) IMMEDIATE POST SURGICAL OR EARLY FITTING SERVICE	( )			
(7) OTHER	( )			

**PART II - PRODUCTS**

PRODUCTS FURNISHED BY DEALER	UNDER CENTRAL OFFICE CONTRACT	UNDER LOCAL CONTRACT	NOT UNDER CONTRACT	*RATING OF FINISHED PRODUCTS
A. ARTIFICIAL LEGS				
B. ARTIFICIAL ARMS				
C. BRACES				
D. BELTS AND TRUSSES				
E. ELASTIC HOSE				
F. ORTHOPEDIC SHOES				
G.				
H.				

\*Should be based upon combination of your own evaluation and general experience of local field stations. Use standard rating terms outlined in Part IV, back of form. Explain all "POOR" ratings in item 23 below.

23. EXPLANATION OR REMARKS

**PART III - SERVICE AND WORK RELATIONSHIP**

24. IS THERE A CLINIC TEAM OPERATING IN A LOCAL VA STATION SERVED BY THE DEALER? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. IF ITEM 24 IS "YES," THEN DOES DEALER PARTICIPATE IN CLINIC SESSIONS? <input type="checkbox"/> REGULARLY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> NEVER	
26. IF DEALER PARTICIPATES IN CLINIC SESSIONS, WHAT IS THEIR HONEST OPINION OF THE CLINIC TEAM?		
27. IF DEALER DOES NOT PARTICIPATE IN CLINIC SESSIONS, WHAT REASONS DO THEY GIVE?		
28. IS THERE EVIDENCE OF FRICTION BETWEEN THIS DEALER AND PERSONNEL IN LOCAL VA STATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," describe difficulty)</i>		
29. IS THERE EVIDENCE OF EXCESSIVE COMPLAINTS FROM VETERANS AGAINST THIS DEALER? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," explain)</i>		
30. ARE MOST APPLIANCES DELIVERED WITHIN REASONABLE TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	31. DOES DEALER COOPERATE FULLY WITH LOCAL VA STATIONS IN EMERGENT OR DIFFICULT CASES? <input type="checkbox"/> YES <input type="checkbox"/> NO	32. ARE PROSTHETIC SERVICE CARD INVOICES NORMALLY REASONABLE AND ACCURATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

33. REMARKS *(Explain "NO," answers to 30 through 32, above. List any complaints of dealer against VA)*

**PART IV - SPECIAL INFORMATION AND GENERAL EVALUATION**

34. IS DEALER CONDUCTING SPECIFIC RESEARCH OR DEVELOPMENT ON PROSTHETIC DEVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," describe briefly)</i>	
35. DOES DEALER PRODUCE DEVICES OF THEIR OWN DESIGN NOT AVAILABLE ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "YES," describe briefly)</i>	
36. DOES DEALER MAINTAIN ADEQUATE COST - ACCOUNTING SYSTEM FOR DETERMINATION OF ACTUAL COSTS OF EACH ITEM FABRICATED OR SOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	37. METHOD OF DETERMINING PRICES TO BE CHARGED TO VA
38. APPROXIMATE PERCENTAGE OF DEALERS' TOTAL ANNUAL DOLLAR SALES MADE TO DEPARTMENT OF VETERANS AFFAIRS <input type="checkbox"/> LESS THAN 10% <input type="checkbox"/> 10% TO 25% <input type="checkbox"/> 25% TO 50% <input type="checkbox"/> 50% TO 75% <input type="checkbox"/> OVER 75%	
39. DOES COMPANY CLAIM CERTIFICATION BY AMERICAN BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	40. LENGTH OF TIME DEALER HAS BEEN IN PROSTHETIC BUSINESS YEARS _____ MONTHS _____

**41. GENERAL EVALUATION**

Based upon your inspection of this dealers facilities and products; the opinions expressed Physicians and Prosthetic Personnel in local VA stations; and any other knowledge you may have concerning the company or its services, check your overall rating for each of the elements below.

ELEMENTS	SUPERIOR	ABOVE AVG.	AVERAGE	POOR	*POINTS
A. WORKMANSHIP, FIT AND ALIGNMENT OF APPLIANCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. QUALITY OF MATERIALS USED IN FABRICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. COMPARATIVE USEFUL LIFE OF APPLIANCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. PROMPTNESS OF DELIVERY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. QUALITY AND PROMPTNESS OF SERVICES AND REPAIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. COOPERATIVENESS WITH VA AND VETERANS SERVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. ADEQUACY OF EQUIPMENT AND PERSONNEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. CLEANLINESS AND ACCESSIBILITY OF SHOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. GENERAL OVERALL EVALUATION OF COMPANY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**\*FOR CENTRAL OFFICE USE ONLY.**

42. GENERAL REMARKS *(If additional space is required, attach additional sheet.)*

43. SIGNATURE AND TITLE OF REPORTING OFFICIAL	44. DATE OF INSPECTION	45. DATE OF REPORT
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