



QUALITY PROCESS INVENTORY (QPI) TOOL

You will be asked to provide information for the following on-site review.

T1. CITATION SHIPMENTS SHOULD BE VERIFIED BY THE CHIEF ADMINISTRATIVE OFFICER OR HER/HIS REPRESENTATIVE.

- T(a). DO YOU KEEP COPIES OF ANY INVOICES OR PACKAGING FOR LAST 24 MONTHS? YES NO
- T(b). ARE ALL DISCREPANCIES RESOLVED? YES NO

COMMENTS:

REVIEWED: _____
INITIALS OF AGENCY REPRESENTATIVE/
DHSMV REPRESENTATIVE

T2. IS THERE AN ESTABLISHED WRITTEN PROCEDURE TO TRACK CITATION BOOKS ISSUED OR TURNED IN BY OFFICERS? YES NO

COMMENTS:

REVIEWED: _____
INITIALS OF AGENCY REPRESENTATIVE/
DHSMV REPRESENTATIVE

T3. OFFICERS ARE ADVISED OF THEIR RESPONSIBILITY FOR ALL CITATIONS ISSUED TO THEM.

COMMENTS:

REVIEWED: _____
INITIALS OF AGENCY REPRESENTATIVE/
DHSMV REPRESENTATIVE

T4. ALL SPOILED, MUTILATED AND LOST CITATIONS MUST BE ACCOUNTED FOR BY USER AGENCIES/OFFICERS PURSUANT TO THE UNIFORM TRAFFIC CITATION FORMS AND PROCEDURES MANUAL, SECTION 3.

COMMENTS:

REVIEWED: _____
INITIALS OF AGENCY REPRESENTATIVE/
DHSMV REPRESENTATIVE

T5. VOIDED CITATIONS MUST BE TRANSMITTED TO D.H.S.M.V. FOR ACCOUNTABILITY PURPOSES, PURSUANT TO THE UNIFORM TRAFFIC CITATION FORMS AND PROCEDURES MANUAL, SECTION 3.

COMMENTS:

REVIEWED: _____
INITIALS OF AGENCY REPRESENTATIVE/
DHSMV REPRESENTATIVE

T6. IS THE AGENCY AWARE THAT IT IS **STRICTLY PROHIBITED** TO “LOAN” OR “BORROW” CITATIONS FROM ANY OTHER AGENCY WITHOUT PRIOR APPROVAL FROM D.H.S.M.V.?

YES NO

COMMENTS:

REVIEWED: _____
INITIALS OF AGENCY REPRESENTATIVE/
DHSMV REPRESENTATIVE

T7. ANY PARTIALLY USED CITATION BOOKS TURNED IN TO THE AGENCY UPON THE RESIGNATION/TERMINATION OF AN OFFICER SHOULD BE RE-ISSUED TO ANOTHER OFFICER.

COMMENTS:

REVIEWED: _____
INITIALS OF AGENCY REPRESENTATIVE/
DHSMV REPRESENTATIVE

T8. WHAT IS THE AGENCY’S STEP BY STEP GUIDELINES/PROCESS AFTER THE CITATION IS WRITTEN?

REVIEWED: _____
INITIALS OF AGENCY REPRESENTATIVE/
DHSMV REPRESENTATIVE

T9. ISSUED CITATIONS MUST BE TRANSMITTED TO THE COURT WITHIN FIVE DAYS OF ISSUANCE PURSUANT TO F.S. 316.650 (3).

REVIEWED: _____
INITIALS OF AGENCY REPRESENTATIVE/
DHSMV REPRESENTATIVE

COMMENTS:

SIGNATURE, AGENCY REPRESENTATIVE

SIGNATURE, SENIOR LIAISON OFFICER, D.H.S.M.V.

NAME PRINT: _____

NAME PRINT: _____