

# CMMC Compliance Checklist

Work through each item in order and mark it as completed. Add a note against anything you could not complete, and sign the form when you finish.

Name: \_\_\_\_\_ Date completed: \_\_\_\_\_ dd / mm / yyyy

Date of birth: \_\_\_\_\_ dd / mm / yyyy Record / MRN number: \_\_\_\_\_

## BEFORE YOU START

- ☐ Confirm identity and check the record is the correct one
- ☐ Confirm consent is in place and still valid
- ☐ Check for allergies, contraindications and recent changes
- ☐ Gather the equipment and paperwork you need

## CMMC COMPLIANCE - MAIN STEPS

- ☐ Check the standard or regulation being evidenced
- ☐ Record responsible owner and completion date
- ☐ Review findings, gaps and corrective actions
- ☐ Confirm nothing has been missed

## BEFORE YOU FINISH

- ☐ Complete the record while the detail is fresh
- ☐ Agree review cycle and sign-off
- ☐ Give written information and contact details
- ☐ Book or confirm the next appointment

## ANYTHING NOT COMPLETED

|                      |                |
|----------------------|----------------|
| Item: _____          | Reason: _____  |
| Action needed: _____ | By when: _____ |
| Item: _____          | Reason: _____  |
| Action needed: _____ | By when: _____ |
| Item: _____          | Reason: _____  |
| Action needed: _____ | By when: _____ |
| Item: _____          | Reason: _____  |
| Action needed: _____ | By when: _____ |

## Notes

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Checked by