

### Quarterly Duty Hour Evaluation

1) No work week can exceed 80 hours. Over the last quarter, has your work week met this requirement? (Question 1 of 10 - Mandatory)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you answered no to question 1, please explain why. (Question 2 of 10 - Mandatory)

<div style="height: 100px;"></div>	<input type="text"/>
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2) No in-house work day may exceed 24 hours of direct patient care (plus an additional 3 hours of transition time). Over the last quarter, has your work day met this requirement? (Question 3 of 10 - Mandatory)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you answered no to question 2, please explain why. (Question 4 of 10 - Mandatory)

<div style="height: 100px;"></div>	<input type="text"/>
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3) All in-house shifts must be separated by at least 10 hours out of the hospital. Over the last quarter, has this requirement been met? (Question 5 of 10 - Mandatory)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you answered no to question 3, please explain why. (Question 6 of 10 - Mandatory)

**4) There must be a continuous 24 hours off duty every week. Over the last quarter, have you gotten a continuous 24 hours off every week?** *(Question 7 of 10 - Mandatory)*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**If you answered no to question 4, please explain why.** *(Question 8 of 10 - Mandatory)*

**No home-call is allowed after a 24 hour shift. Over the last quarter, has this requirement been met?** *(Question 9 of 10 - Mandatory)*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**If you answered no to question 5, please explain why.** *(Question 10 of 10 - Mandatory)*

**Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.**