QUALITY REVIEW SIGN UP

Name on Return	**Station**	**Cert** *(B or A)*	**Needs HEB gift card?**	**Language** *(E or S)*	**Preparer** *Name*	**Reviewer** *Name*
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			
			☐ Yes ☐ No ☐ Unsure			

Date: _____