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| **Observation** | **Element** | | | | | | | | | | | | | | | | |
| **To ensure that all equipment is intact, clean and free of dust and contamination** | Bed rails | Patient Call Bells | Patient audio systems and ear phone pads | Dynamap | Blood pressure cuffs | Alcohol gel is available at bottom of each patient’s bed/HWB in SR | Hand washing observation | Lockers and tables | Drip stands | Hoist | Computer on Wheels | Storage units on Wheels | ANTT Trays/Sharps bin | Bed pans and holder | Commodes clean and taped | Drugs trolley | BGM box |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 4 |  | | | | | |  | In attendance: | | | | | | | | | |
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| **Carillion Audit Results** | | **ATP Scores** | | **Patient feedback** |
| **Room** | **Score** | **Items** | **Score** | Gather at least 5 patient comments round cleanliness /perceptions/concerns |
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| **General Comments** |  |  |  |
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Score:

Date: ………………………………………………………………… Signed: …………………………………………………………………