

Room: _____

Month: _____

Year: _____

Procedure		1.			2.			3.			4.			5.			6.			7.		
		MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG
No. Staff in the Shift																						
1. No. of staff Compliant to PPE	Donning																					
	Duffing																					
2. No. of Staff Compliant to hand hygiene during procedure	Before																					
	After																					
3. No. of Staff Compliant to Cleaning and Decontamination	Work Bench before & after procedure																					
	Equipment's																					
4. No. of Staff Compliant to Safe Disposal	Laboratory Waste																					
	Sharps																					
	PPE																					
Name of Non-compliant staff																						
Initial of Infection Control Representative																						

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Procedure		8.			9.			10.			11.			12.			13.			14.		
		MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG
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Name of Non-compliant staff																						
Initial of Infection Control Representative																						

INFECTION CONTROL STAFF COMPLIANCE CHECKLIST

Document Control: BG/REC/INF/001

Version: 01

Room: _____

Month: _____

Year: _____

Procedure		15.			16.			17.			18.			19.			20.			21.		
		MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG
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INFECTION CONTROL STAFF COMPLIANCE CHECKLIST

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Procedure		22.			23.			24.			25.			26.			27.			28.		
		MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG
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Name of Non-compliant staff																						
Initial of Infection Control Representative																						

Procedure

29.

30.

31.

Room: _____

Month: _____

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		MOR	EVN	NIG	MOR	EVN	NIG	MOR	EVN	NIG
No. Staff in the Shift										
5. No. of staff Compliant to PPE	Donning									
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	Sharps									
	PPE									
Name of Non-compliant staff										
Initial of Infection Control Representative										

Compiled by:

Final Remarks:

Verified by: Shivaraj M Naik, Infection Control Officer

Date: