

Infection Control Audit Date:

Time of Infection Control Audit:

Audit done by (Name):

Audit Report Reviewed by (Name & Designation):

S. No	Inspection Points	Yes	No	Details of observations/Deviations/Action to be taken
1	Staff has adequate knowledge regarding WHO Handwashing Guidelines			
2	Housekeeping checklists are used by the HK staff for cleaning high touch surface & terminal cleaning process			
3	Swab testing is done in high critical areas like OT, ICU, CSSD and other critical areas			
4	Needle Stick Injury related training is conducted for staff and staff have adequate knowledge regarding handling Needle Stick Injuries			
5	Staff are educated regarding use of Personal Protective Equipment (PPE). Use of PPE are evidenced across the hospital			
6	Staff are trained and can conduct Biomedical Waste Segregation as per guidelines			
S. No	Inspection Points	Yes	No	

				Details of observations/Deviations/Action to be taken
7	Staff can demonstrate the spill management process as per standard requirements			
8	Staff are provided with Pre-Exposure Prophylaxis and relevant records are maintained			
9	Soiled Linen are treated with Hypo before handing over to Laundry			
10	Floor Mop Up process is done as per Infection Control Guidelines			
11	Fumigation / Fogging is conducted at critical areas as per guidelines			

Infection Control Nurse: Signature

Quality Manager Signature

Infection Control Coordinator Signature

Date:

Date:

Date:

Medical Superintendent (Signature):

Date:

Issue No: 1	Issue Date: 1.1.2026	Amend No:	Amend Date:	Copy No: 01
Prepared/Issued by:	Quality Manager	Approved by	Medical Director	