



Better healthcare,
realized.

Facility Name _____

Observer _____

Day: M T W TH F Shift: 1st 2nd 3rd 4th

Audit Tool: Patient Pre and Post treatment hand and access hygiene

(Use a “√” if the action was performed correctly and “0” if not performed correctly. If not performed, leave blank)

Patient	Date	Entering the Treatment Floor		Post Treatment	Exiting the treatment Floor
		Hand Hygiene	Access Washing	Gloves Worn	Hand Hygiene
A					
B					
C					
D					
E					
F					
G					