

HAND HYGIENE DIRECT OBSERVATIONS ALCOHOL RUB OR SOAP & WATER

DATE: _____ LOCATION: _____ OBSERVER: _____

TASKS	# of opportunities to wash hands															Total		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
Pt. Contact																		/
																		/
																		/
																		/
																		/
Equipment																		/
																		/
																		/
																		/
Facing																		/
																		/
Other																		/
																		/
																		/

Notes/Comments