**Infection Control Auditing Results**

Facility name:

Name of person completing:

Email/Phone of person completing:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Number of Audits Completed** | **Goal %** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| PPE-Donning/Doffing   |    |    |    |    |  |  |  |  |  |  |  |  |  |  |
| Hand Hygiene Rate     |    |    |   |  |  |  |  |  |  |  |  |  |  |  |
| Disinfection/Cleaning (equipment, laundry) |    |    |    |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***If your auditing results fall below your set monthly goal, document what mitigation tactics were done to ensure goal will be met the following month.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Month Below Goal** | **Mitigation Tactic** | **Date Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



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