

APPENDIX D



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

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Assessment Date:	Assessment Time
Assessor's Name:	Position:

Healthcare Worker	Description	Hand cleaning observed Prior to patient	Hand Cleaning observed AFTER patient	Comments
MD	Alcohol			
	Soap + Water			
	None			
RN	Alcohol			
	Soap + Water			
	None			
NA	Alcohol			
	Soap + Water			
	None			
Other _____	Alcohol			
	Soap + Water			
	None			
Other _____	Alcohol			
	Soap + Water			
	None			