HAND WASHING EVALUATION SHEET

GLO GERM TECHNIQUE

Employee Name: __________________________________________________________

Department: ____________________________ Unit: _____________________

Employee Number: ______________________ Shift: _____________________

Professional Category: □ Nurse (RN) □ Nurse (LPN) □ Supervisor □ Respiratory Therapist □ Radiology Technician □ Laboratory Technician □ Physician □ Resident □ Student □ Volunteer □ Contractor/Supplier

Other: __________________________________________________________________

<table>
<thead>
<tr>
<th>1st Glo Germ Test</th>
<th>2nd Glo Germ Test</th>
<th>3rd Glo Germ Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Present prior to hand washing</td>
<td>□ Present prior to hand washing</td>
<td>□ Present prior to hand washing</td>
</tr>
<tr>
<td>□ Present post hand washing</td>
<td>□ Present post hand washing</td>
<td>□ Present post hand washing</td>
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<tr>
<td>□ Complies □ Does Not Comply</td>
<td>□ Complies □ Does Not Comply</td>
<td>□ Complies □ Does Not Comply</td>
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</tbody>
</table>

Corrective Action:

□ Re-education of professional re: correct steps for hand washing

□ Referral to immediate Supervisor

__________________________________________
Employee Signature

__________________________________________
Evaluator Signature

__________________________________________
Date

__________________________________________
Date