



### Personal Protective Equipment (PPE) OBSERVATION LOG

Site: \_\_\_\_\_ Unit: \_\_\_\_\_

Month & Year: \_\_\_\_\_ Facility Type: \_\_\_\_\_

(PCH / Acute / Community)

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| <b>TASK OBSERVED:</b><br><br>(Check <input checked="" type="checkbox"/> ) | Donning proc. mask/N-95 & eye protection |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Donning additional PPE (gown/gloves)     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Doffing additional PPE (gown/gloves)     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | Doffing proc. mask/N-95 & eye protection |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| <b>SHIFT:</b>   | Indicate D, E, N                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| <b>DATE:</b>  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| <b>Type of Feedback Provided</b><br><br>(Circle one)                      | Positive                                 | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |  |
|   | Constructive                             | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |  |
|   | PPE Observer Initials                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |

**If constructive feedback and/or action required, please indicate on corresponding line on the back.**

Please forward this form to your facility Lead.

| Name | Initial | Name | Initial |
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# Personal Protective Equipment (PPE) Observation Guide – Feedback / Action Required

| Date | Comments/Action | PPE<br>Observer<br>Initials | Facility<br>Lead<br>Initials |
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