

**Infection Control and Hand Hygiene Audit Short Form**

<b>S. N.</b>	<b>Observation Point</b>	<b>Observed Y/N</b>	<b>Comments</b>
1	Hand rub/soap is accessible		
2	Hand hygiene poster displayed		
3	Staff observed washing hands:		
4	Before patient contact		
5	After patient contact		
6	Before a procedure		
7	After removing gloves		
8	Alcohol-based rub used correctly		
9	Waste bins are color-coded		
10	Waste segregated as per protocol		
11	Overfilled bins/waste NOT seen		
12	PPE (mask, gloves) used as needed		
13	Spillage/breach managed properly		

<b>Name of District: -</b>	<b>Name of Facility: -</b>	<b>Name and Signature of Spot auditor: -</b>

**BMWM & Infection Control Mini Checklist**

<b>S. N.</b>	<b>Compliance Area</b>	<b>Yes</b>	<b>No</b>	<b>Not seen/ N/A</b>	<b>Remarks</b>
1	Biomedical waste bins labeled				
2	No general waste in BMWM bins				
3	All staff aware of color coding				
4	Gloves worn when handling BMW				
5	Sharps disposed in puncture proof				
6	BMWM transport trolleys clean				
7	Posters on BMWM process displayed				
8	Training/demo conducted (recorded)				
9	IC breach incidents recorded & acted				

<b>Name of District: -</b>	<b>Name of Facility: -</b>	<b>Name and Signature of Spot auditor: -</b>