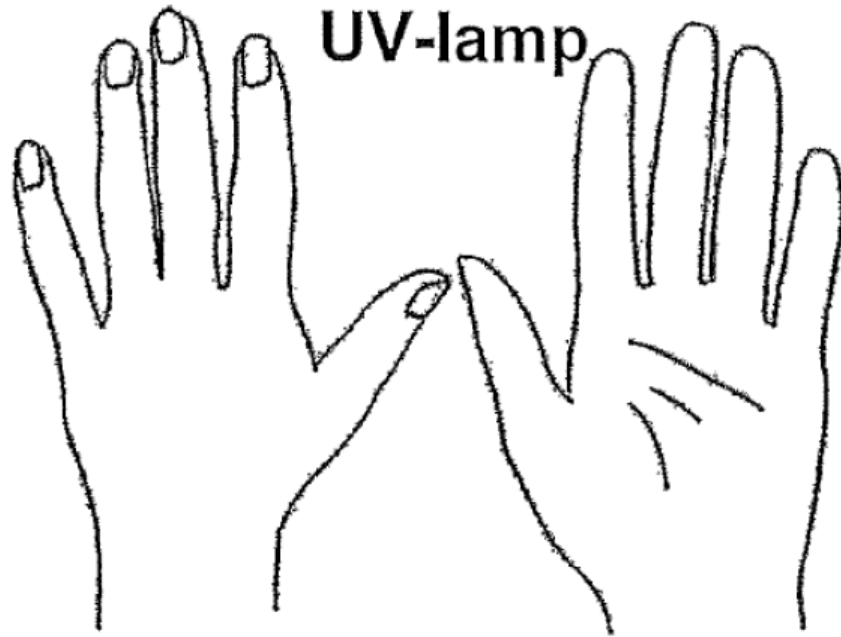


Hand Hygiene Evaluation Form



Name: _____

Designation: _____

Department: _____

Observations:

Improper Technique

Insufficient Solution

All of the above

Remarks: _____

Your Results:

5. Outstanding 4. Very Good 3. Good 2. Satisfactory 1. Not Satisfactory

Name of Assessor: _____