Infection Prevention and Control Audit

IPC audit covering hand hygiene, PPE, environment, equipment cleaning, sharps, linen and waste.

Audit

Site name *	
Site address	
Date *	_____ / _____ / _____
Time	_____ : _____
Area audited *	
Auditor *	

Checklist

Item	Compliant	Non-compliant	N/A
Hand washing facilities and soap available *	☐	☐	☐
Alcohol hand rub available at point of care *	☐	☐	☐
Staff bare below the elbows *	☐	☐	☐
PPE available and used correctly *	☐	☐	☐
Environment visibly clean *	☐	☐	☐
Equipment cleaned between uses *	☐	☐	☐
Sharps bins assembled, labelled and below fill line *	☐	☐	☐
Clean and used linen segregated *	☐	☐	☐
Clinical waste correctly segregated *	☐	☐	☐
Spill kits available *	☐	☐	☐
Cleaning schedules completed *	☐	☐	☐

Actions

Issue *	Action required	Owner	Due date

Issue *	Action required	Owner	Due date

Sign-off

Additional comments	
Auditor name *	
Auditor signature *	
Date signed *	_____ / _____ / _____

* Required