

# Infection Control Monitoring Form

**DC-024**

<b>Name of Service User:</b>  <b>Preferred name:</b>	<b>Sheet no.</b>  <b>Where there is a notifiable disease National Care Standards Commission informed:</b> <b>Date:</b> .....
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Reason for infection control:

Date and time	Tasks to be performed	Infection control measures taken (gloves, aprons, masks, hands washed before, hands washed after etc.)	Method of disposal	Comments / results