

Site/Unit: \_\_\_\_\_ Auditor: \_\_\_\_\_ Date: \_\_\_\_\_

Opportunity	Before Contact	After Contact	Hand Hygiene Compliance			
			N = Not Done D = Done			
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> D	<input type="checkbox"/>	Gloves
<b>Total</b>						

Compliance = # of completed opportunities divided by total # of opportunities.

