

Tingathe TB - Infection Control Observations

Section I - Administrative controls

Date (dd/mm/yy): ___/___/___ Site: _____

#3- _____

Name of person filling form: _____

v06 8/9/14

#	Question	Written Response
1	UV lights observed and switched on	<input type="checkbox"/> No <input type="checkbox"/> Yes
2	Filtration units observed and switched on	<input type="checkbox"/> No <input type="checkbox"/> Yes
3	Fans observed and switched on	<input type="checkbox"/> No <input type="checkbox"/> Yes
4	At ART clinic, were the windows open?	<input type="checkbox"/> No windows open <input type="checkbox"/> Some windows open <input type="checkbox"/> All windows open
5	At the TB office, were the windows open?	<input type="checkbox"/> No windows open <input type="checkbox"/> Some windows open <input type="checkbox"/> All windows open
6	At malnutrition clinic, were the windows open?	<input type="checkbox"/> No windows open <input type="checkbox"/> Some windows open <input type="checkbox"/> All windows open <input type="checkbox"/> No malnutrition clinic at site
7	Copy of infection control standard operating procedures present in areas where patients are seen	<input type="checkbox"/> No <input type="checkbox"/> Yes
8	Waiting area for HIV services physically separated from waiting area for TB patients	<input type="checkbox"/> No <input type="checkbox"/> Yes
9	Patients at ART/HCC observed wearing a mask	<input type="checkbox"/> No <input type="checkbox"/> Yes

Comments: