INFECTION PREVENTION AND CONTROL PROGRAMME – HAND HYGIENE FACILITIES CHECKLIST

Standard 2.2.3.1 (8(1)) – *Maintain an environment to minimise the risk of infection*
Criterion 2.2.3.1.1 (8(2)(a)) – *Ensure hand washing facilities are available in every service area*
Assessment Type: Observation
Risk Rating: Vital Measure

🔍 **Scoring Instructions**

- **Score 1** – Aspect is **available and functional**
- **Score 0** – Aspect is **not available or not functional**
- **N/A** – Not applicable (e.g., area does not present in the establishment)

✅ **Unit 1 – Area 1**

Aspect No.	Aspect	Score (1/0/N/A)	Comment
1	Functional hand wash basin *(not blocked, cracked, or broken)*	____	_____
2	Functional taps *(not broken)*	____	_____
3	Plain liquid soap or wall-mounted soap dispenser	____	_____
4	Paper towel dispenser with disposable paper towels	____	_____
5	General waste container with appropriate liner	____	_____

✅ **Unit 2 – Area 2**

Aspect No.	Aspect	Score (1/0/N/A)	Comment
1	Functional hand wash basin *(not blocked, cracked, or broken)*	____	_____
2	Functional taps *(not broken)*	____	_____
3	Plain liquid soap or wall-mounted soap dispenser	____	_____
4	Paper towel dispenser with disposable paper towels	____	_____
5	General waste container with appropriate liner	____	_____

✅ **Unit 3 – Area 3**

Aspect No.	Aspect	Score (1/0/N/A)	Comment
1	Functional hand wash basin *(not blocked, cracked, or broken)*	____	_____
2	Functional taps *(not broken)*	____	_____
3	Plain liquid soap or wall-mounted soap dispenser	____	_____

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Aspect No.	Aspect	Score (1/0/N/A)	Comment
4	Paper towel dispenser with disposable paper towels	____	_____
5	General waste container with appropriate liner	____	_____

🧮 **Scoring Summary**

Unit/Area	Total Score	Max Score	Compliance %
Unit 1 - Area 1	___ / 5	5	____ %
Unit 2 - Area 2	___ / 5	5	____ %
Unit 3 - Area 3	___ / 5	5	____ %

📌 **Additional Comments / Recommendations**

Auditor Name & Title: _____

Signature: _____

Date: _____