



Report date: _____

WRHA Infection Prevention and Control Program Hand Hygiene Audit Report

Site/Program: _____ Unit/Department: _____ Audit conducted by: _____ Audit date: _____

Number of auditors educated: _____ Number of audits completed: _____ Audit compliance rate: _____

Report completed by: _____

Audit Findings

Findings	Recommended Interventions/Targets	Intervention Timeline	Follow-Up Plan on Recommended Interventions/Targets	Outcome
1.				
2.				
3.				
4.				
5.				



Individuals/Groups Receiving Communication re Hand Hygiene Audit Report

Individuals/Groups	Date of Communication
1.	
2.	
3.	