OBSERVATIONAL SURVEY

Level of Isolation Precautions Ordered: CONTACT DROPLET

Room #: Date: Session Start/End Time (hh:mm): Observer: Order in *EPIC*: Date Order Placed:

HCW: RN NA Private Room: IsoPrec Sign: Isolation Cart:

HCW	Time In	HH in	Gloves	Gown	Surgical Mask	Eye Wear	Goggles	Face Shield	HH out	Time Out	Door: "C" / "O"